



HARRISON PUBLIC SCHOOLS

OFFICE OF THE SUPERINTENDENT

501 HAMILTON STREET

HARRISON, NEW JERSEY 07029

973-483-4627

A P P L I C A T I O N

"It is the policy of the Board of Education of the Harrison Public Schools not to discriminate in the programs, activities, employment practices or admission policies on the basis of race, color, creed, religion, sex, ancestry, national origin, genetics, affectional and sexual orientation, disability or social or economic status."

When completing hard copy application, please type or print legibly.

Name _____

Address _____

(City) (State) (Zip Code)

Home Phone _____ Cell Phone _____

Email Address _____

Are you a resident of New Jersey? _____ Yes _____ No

Language(s) in which you are fluent, other than English: _____

Military

Are you a veteran? _____ Yes _____ No

Armed Forces (specify): _____

National Guard _____

Position for which you are applying: _____

Date available for employment: _____

List all applicable New Jersey educational certificates or endorsements:

List any Degree(s) held and date(s) received subsequent to high school:

WORK EXPERIENCE (Most recent first)

<u>School District/Company</u>	<u>Location</u>	<u>Position</u>	<u>Dates of Employment</u> <u>Month/Year</u>
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Reason for Leaving:

<u>School District/Company</u>	<u>Location</u>	<u>Position</u>	<u>Month/Year</u>
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Reason for Leaving:

If you need more space, add at end of application.

PROFESSIONAL REFERENCES

List three (3) persons (not related to you) who can attest to your work experience, qualifications and teaching ability.

1) Name _____ Occupation/Employment _____

Address _____

Years Known _____ Phone _____ Email _____

2) Name _____ Occupation/Employment _____

Address _____

Years Known _____ Phone _____ Email _____

3) Name _____ Occupation/Employment _____

Address _____

Years Known _____ Phone _____ Email _____

Contact Information:

In case of accident, illness or emergency, contact:

Name _____

Address _____

Daytime Phone _____ Alternate phone _____

Relationship to you: _____

I certify that the information contained in this application is true, correct and complete. I understand that, if employed, any false information reported by me on this application may constitute sufficient cause for dismissal.

Signature of Applicant

Date: _____