

Warren County Technical School

1500 Route 57

Washington, NJ 07882

(908) 689-0122 fax (908) 689-7699

"Leading Warren County into the 21st Century"

Application For Employment

-This application must be completed even if attaching a personal resume

An Equal Opportunity Employer

PERSONAL INFORMATION

Last Name	First Name	Middle Name	DOB
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Present Address Street		
City	State	Zip Code

Permanent Address (if different from above)

Phone	Cell Phone	e-Mail Address
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Social Security Number	Have you ever applied for work at WCTS? _____ Date
	Have you ever worked at WCTS? _____ Date

If you are not a U.S. citizen, do you have the legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Visa: _____ exp. date: _____	Are you a U.S. Military Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list dates _____ Rank at discharge _____
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Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are any criminal charges pending against you or any warrants outstanding for your arrest for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to either, please describe _____ _____ _____

POSITION DESIRED

Position Applied for	Desired Salary	Date Available
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Type of Employment <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (hours: _____)	If required, would you be willing to work <input type="checkbox"/> Weekends <input type="checkbox"/> Overtime
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Do you have any relatives employed at WCTS? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, please give names:

List all Certifications Held _____ _____ _____
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EDUCATION AND TRAINING

Please indicate the last level of education completed High School: 1 2 3 4 College or University: 1 2 3 4 Graduate School: 1

Education	Name	GPA	Did you graduate?	Major & Minor	Degree Earned	Date (mo./yr.)
High School						
College or University						
Graduate School						
Business or Vocational						

Software: _____

What are your plans for continuing your education?

Note: Must be completed even if attaching a personal resume

Note: Must be completed even if attaching a personal resume			DESCRIPTION <input type="checkbox"/> See attached resume
Employment Dates	Employer	Type of Business	Title
Address			Duties or Teaching Experience (include subjects taught)
Certifications Held			Reason for Leaving
Employment Dates	Employer	Type of Business	Title
Address			Duties or Teaching Experience (include subjects taught)
Certification Held			Reason for Leaving
Employment Dates	Employer	Type of Business	Title Dates
Address			Duties or Teaching Experience (include subjects taught)
Certification Held			Reason for Leaving

PROFESSIONAL REFERENCES (Please list only persons we may contact at this time)		
Name	Title and Professional Relationship	Phone Number and extension

AFFIDAVIT

I hereby declare that my statements on this application and on my resume or document provided by me to Warren County Technical School are true and correct to the best of my knowledge. I also authorize investigation of these statements. This investigation may include employment history, reasons for leaving previous employers, criminal record, and degree verification. I hereby release Warren County Technical School from all liability for any damages resulting from the information obtained.

APPLICANT'S SIGNATURE _____ DATE _____