

**MERCER COUNTY SPECIAL SERVICES SCHOOL DISTRICT**

Administrative Offices  
1020 Old Trenton Road, Second Floor  
Hamilton, New Jersey 08690  
(609) 631-2100 - phone  
(609) 570-1154 - fax

An Equal Opportunity/Affirmative Action Employer

**APPLICATION FOR EMPLOYMENT**

**GENERAL**

Social Security #:

Date:

Name:

Last

First

Middle

Address:

Telephone:

E-mail Address:

Are you 18 years of age or older

Yes

No

If hired, can you provide written evidence that you are authorized to work in the U.S.

Yes

No

Emergency Contact:

Telephone Number:

Relationship:

**EDUCATION**

TYPE	NAME/LOCATION	COURSE OF STUDY/DEGREE	# YEARS/CREDITS COMPLETED/DATE DEGREE CONFERRED
HIGH SCHOOL			
COLLEGE			
GRADUATE SCHOOL			
TECHNICAL OR OTHER			

**LICENSES/CERTIFICATES/HIGHLY QUALIFIED**

Please list all current NJ professional licenses, certificates, and areas you are highly qualified (if applicable)

**EMPLOYMENT RECORD**

COMPANY NAME, ADDRESS AND TELEPHONE NUMBER	POSITION OR TITLE	DATES	REASON FOR LEAVING
1.		From: To:	
2.		From: To:	
3.		From: To:	

**REFERENCES (Professional and/or Character References only. No relatives.)**

Name/Occupation/Relationship to Applicant/Years Known/Complete Address/Area Code/Phone Number

1.

2.

3.

**EMPLOYMENT**

Type of Work Desired:

Teacher	Classroom Assistant	Occupational Therapist
COTA	Physical Therapist	Speech-Language Therapist
LDT-C	Psychologist	Social Worker
Principal	Supervisor	Art Teacher
Nurse	Phys. Ed. Teacher	Music Teacher
CPTA	COTA	One-on-One Assistant

Substitute Teacher:

Clerical:

Other:

Substitute Assistant:

Custodial:

Salary Desired

Date Available to Start

Current Salary

How Were You Referred To Mercer County Special Services School District?

Do You Have Any Relatives Who Are Employed By This Organization?                      Yes                      No

Please Specify:

Is there any information we would need about your name, or use of another name, in order to check your work record?                      Yes                      No                      Please Specify:

**APPLICANT’S STATEMENT**

I understand that federal law prohibits employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand that this application will be active for a period of one year; after that time, if considered for employment, I must submit a new application.

I understand that Mercer County Special Services School District will thoroughly investigate my work and personal history and all data given on this application, on related papers, and in interviews. I authorize all schools, and firms named therein, except my current employer if so noted, to provide the information requested about me, and I release them from all liability for damage in provided information.

I certify that all the statements herein are true and understand that any falsification or omission shall be sufficient cause for dismissal or refusal of employment.

Signature of Applicant: \_\_\_\_\_ Date:

## **SELF-IDENTIFICATION**

Disclosure of any self-identifying information regarding gender, race, or ethnicity is voluntary. Information is sought for reporting purposes only, i.e. Federal and State Equal Employment Opportunity record keeping and other legal requirements. All information will be kept confidential and failure to provide the requested information will not result in any adverse treatment. The information elicited will be maintained separately from the rest of the application and will not be considered in making employment decisions.

Gender

Race and/or Ethnicity

Date