



*Berlin Township Public School*  
*Application for Professional Employment*

Applicant's Full Name \_\_\_\_\_  
(Last) (First) (M.I.) (Maiden Name)

Other Name(s): \_\_\_\_\_  
(Please provide any additional information relative to change of name, use of an assumed name, or nickname, necessary to enable a check on your work or school record.)

Present Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Permanent Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone Numbers:  
Present: ( ) Permanent: ( ) Work: ( )

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ New Jersey Pension Fund #: \_\_\_\_\_

**WHICH YOU ARE QUALIFIED:**

- New Application
- Previous Application on File
- Former Employee of the Berlin Township BOE

Are you a U.S. Citizen?

- Yes
- No

If not, are you eligible to work in the U.S.?

- Yes
- No

Do you wish to be considered for substitute work?

- Yes
- No

**INDICATE POSITION(S) DESIRED FOR WHICH YOU ARE QUALIFIED:**

- Elementary Teacher (K-8)
- Middle Teacher (6-8)
- Teacher of the Handicapped (ElementaryK-5)
- Teacher of the Handicapped (Middle6-8)
- Psychologist
- Guidance
- Library/Media
- Supervisor
- Learning Disabilities Consultant (LDTC)
- School Administrator
- Principal
- Speech Correctionist
- Nurse
- Social Worker
- Secretarial/Clerical
- Bus Driver
- Other (explain): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I. CERTIFICATION

A. If you have been issued a New Jersey certificate, **please submit a photocopy** of ALL certificates.

**Type of NJ Certificate:**

- Instructional
- Standard
- Provisional
- Emergency
- Educational Services
- Administrative
- Certificate with Advanced Standing
- Certificate/Letter of Eligibility w/o Advanced Standing
- Other (explain): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- List ALL endorsements: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you applied for, if you do not now hold, a NJ certificate? \_\_\_\_\_ Yes \_\_\_\_\_ No

When, and for what certificate have you applied?

Date of Application	Type of Certificate		
	B. If you have been issued a certificate in another state, <b>please submit a photocopy</b> . Copy enclosed?		
	Yes _____	No _____	
(State)	(Expiration)	(Certification/Endorsements)	
(State)	(Expiration)	(Certification/Endorsements)	

C. Have you taken the National Teacher's Examination? **(If yes, please submit a copy of your scores.)**

<b>Core Battery:</b>	Yes _____	No _____		
(Month/Year)	(CS)	(GK)	(PK)	Copy enclosed (print yes or no)
<b>Specialty Area:</b>	Yes _____	No _____		
(Month/Year)	(CS)	(GK)	(PK)	Copy enclosed (print yes or no)

**THE BOARD OF EDUCATION IS AN EQUAL OPPORTUNITY EMPLOYER.**

**II. EDUCATIONAL AND PROFESSIONAL TRAINING (List chronologically)**

Level of Education	Name of School or University	State	Field of Study	Credits Earned	Type of Degree	Year of Graduation	Dates of Attendance From...To
High School							
College/University							
Graduate School							

**III. STUDENT TEACHING EXPERIENCE (List chronologically and include internships. Omit if you have three years of full time teaching experience.)**

Name of School	School District City	State	Phone Number	Cooperating Teacher	Grade Level and/or Subject	Dates

**IV. TEACHING AND ADMINISTRATIVE EXPERIENCE (List chronologically all professional experience.)**

**DO NOT INCLUDE SUBSTITUTE TEACHING (Attach additional sheets if necessary.)**

Name of School	School District City	State	Position Held Grades and/or Subjects Taught (specify)	Dates Mo/Day/Yr. From...To	Total Years	Reason for Leaving

**V. WORK EXPERIENCE OTHER THAN TEACHING** (List chronologically full time, part time and summer employment since high school. Attach additional sheets if necessary.)

Empolyer	City	State	Kind of Work	Dates of Employment	Reason for Leaving

Please explain any gaps in employment:

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**VI. EXTRA-CURRICULAR ACTIVITIES**

Indicate below any extra-curricular activities in college:

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List any extra-curricular activities you would be interested in coaching or supervising:

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**VII. REFERENCES**

It is **the applicant's responsibility** to have the following information provided to the school district in order to be considered for employment.

A. The names of at least three reference sources must be provided with this application and must include current employer if employed, or last employer if not currently employed. Applicants with work experience must provide references from principals and/or superintendents from all contracted educational work experiences within the past three years. If experience was not within the past three years, provide references from last contracted experience. Applicants who are beginning teachers registered with a college placement office must include references from their student teaching supervisor(s) and co-operating teacher(s) in the placement file or by listing names below. Please indicate when we may contact your current employer. (circle one)

Please list references below or attach a listing.

<b>Name of Reference</b>	<b>Position / Relationship</b>	<b>Mailing Address</b>	<b>Phone Number</b>



Are you related to any board members of Berlin Township School District employee?                      Yes                      No

**If so, who?** \_\_\_\_\_ **Relationship?** \_\_\_\_\_

Have you had military experience?                      Yes                      No

What is your present salary? \_\_\_\_\_

What is your expected salary? \_\_\_\_\_

*I certify that the responses on this application and any accompanying pages are true. I understand that the Berlin Township Board of Education will rely on the information contained in this application. I understand that any material omission or false response will be sufficient grounds for failure to employ or for my discharge should I become employed with the Board of Education.*

*My signature below shall serve as authorization to the Berlin Township Board of Education to conduct a background investigation. My signature may be further relied upon as authorization to third parties to release information concerning me. These third parties may include: law enforcement authorities, child protection agencies, motor vehicle agencies, previous employer, educational institutions, personal and professional references and other appropriate sources. I understand that any offer of employment will be conditioned upon receipt of reports revealing satisfactory results from a criminal background check and a medical examination demonstrating the absence of any conditions that would prevent me from performing the essential functions of the job.*

Date: \_\_\_\_\_

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

BERLIN TOWNSHIP SCHOOL DISTRICT

PERSONNEL PHYSICAL EXAMINATION

(to be completed by a physician)

Name: \_\_\_\_\_

Position: \_\_\_\_\_

**Examination:**

Blood Pressure: \_\_\_\_\_ Is this normal for individual? \_\_\_\_\_

Heart: \_\_\_\_\_ Is this normal for individual? \_\_\_\_\_

Lungs: \_\_\_\_\_ Is this normal for individual? \_\_\_\_\_

Eyes: Right \_\_\_\_\_ Left \_\_\_\_\_ Abdomen: \_\_\_\_\_

Ears (otoscopic): \_\_\_\_\_ Hernia: \_\_\_\_\_

Lymph Nodes: \_\_\_\_\_ Orthopedic: \_\_\_\_\_

Thyroid: \_\_\_\_\_ Posture: \_\_\_\_\_

Nose: \_\_\_\_\_ Feet: \_\_\_\_\_

Mouth: \_\_\_\_\_ Skin (noncom.): \_\_\_\_\_

Nervous Disorder: \_\_\_\_\_ Reflexes: \_\_\_\_\_

Deformities: \_\_\_\_\_ Allergies: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

General Health (circle one):                      Good                      Fair                      Poor

Tests:

TB Test (Mantoux):    Date \_\_\_\_\_                      Results \_\_\_\_\_

Remark and Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Examining Physician





BERLIN TOWNSHIP SCHOOL DISTRICT

DECLINATION STATEMENT

I understand that due to my occupational exposure to blood or other potentially infectious material I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at not charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

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Employee Signature

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Date

