Margate City Board of Education

8103 WINCHESTER AVENUE
MARGATE CITY, NEW JERSEY 08402
PHONE: (609) 822-1447
FAX: (609) 822-3399

Thank you for your interest in becoming an Instructional Substitute for the Margate City School District. Listed below are the **only** documents required to bring to your interview.

- Resume
- Three (3) letters of reference
- Employment Application (Instructional)
- Teaching Certificate
- New Jersey Substitute Certificate*

***After you're board approved you will receive a second packet with information on how to apply for a Substitute Certificate, if needed.**

Email Lirone Turner at lturner@margateschools.org to set up an interview.

Margate City Public School

Employment Application (Instructional)

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Please Print

Single □ Married □ Widowed □ Divorced □ Separated □

First Name _____ Last Name _____ Middle Name _____

Address _____ City _____

State _____ Zip Code _____ ( ) Home Number _____

E-mail _____ ( ) Cell Number _____

Emergency Contact/Relationship _____ ( ) Cell Number _____

Date Available to start:_____ Have you worked in this district previously? Yes □ No □

If yes, when? _____ What Position? _____ Full time □ Part time □

Have you ever been enrolled in a pension, what district? _____

Would you be transferring your pension from another school district, or retired?_____

If so which one?_____ How many years in the pension? _____

Do you or your spouse currently have State Health Benefits? Yes □ No □ District _____

List position for which you are applying:_____

If you are not employed, are you interested in being placed on our substitute list? Yes □ No □

Have you ever been the subject of any child abuse or sexual misconduct investigation by any employer, State licensing agency, law enforcement agency other New Jersey Department of Children and Families? This is not required if the investigation resulted in a finding that the allegations were false or the alleged incident of child abuse or sexual misconduct was not substantial._____.

Have you ever been disciplined, discharged, nonrenewed, asked to resign from employment, resigned from or otherwise separated from any employment while allegations of child abuse or sexual misconduct were pending or under investigation, or due to an adjudication or finding of child abuse or sexual misconduct?_____

Have you ever had a license, professional license, or certificate suspended, surrendered, or revoked while allegations of child abuse or sexual misconduct were pending or under investigation, or due to an adjudication or finding of child abuse or sexual misconduct?_____

Are you eligible for employment with in the United States? Yes □ No □

Proof of citizenship or immigration status will be required upon employment.

Have you been professionally disciplined in any State? Yes □ No □

Professionally disciplined means the annulment, revocation or suspension of your teaching certification or having received a letter of reprimand from an agency, board or commission of state government.

Education and Professional Training

	School/University	Course	# of Years Completed	Diploma/Degree
High School				
Trade School				
Undergraduate College				
Graduate Study				
Other (specify)				

Certificate and Licenses

License or Certificate	Expiration Date	Endorsement	State

Student Teaching/Internship

School	City/State	Grade Level	Subject(s) Taught	Start/End Dates

Teaching Experience for the past 20 years to current

School	City/State	Grade Level	Subject (s) Taught	Start/End Dates

Substitute/Non-Teaching Experience for the past 20 years to current that involved direct contact with children

Employer	City/State	Position Held	Start/End Dates	Full/Part Time

Distinctions, Honors and Activities

Please describe academic and civic accomplishments:

_____

_____

_____

Extracurricular Activities

Please indicate areas of interest and expertise such as student government, sports, yearbook, honor society, clubs, etc.

_____

_____

_____

_____

References

1. _____ (____) _____
   Name Phone #

   _____
   Address Association Years Known

2. _____ (____) _____
   Name Phone #

   _____
   Address Association Years Known

3. _____ (____) _____
   Name Phone #

   _____
   Address Association Years Known

How did you hear about our facility?

Advertisement: _____ Web Posting: _____

Friend/Related: _____ Other: _____

I certify that answers given are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether
or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an *"at will"* nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this *"at will"* employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge, I understand, also, that I am required to abide by all rules and regulations of the employer:

_____ _____

Signature of Applicant Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER