

PASCACK VALLEY REGIONAL H.S. DISTRICT

<http://www.pascack.org>

Office of the Superintendent
28 West Grand Avenue, Suite 2, Montvale, NJ 07645
201-358-7005 ext. 21003

CUSTODIAL APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Social Security Number:		Date:
Mr.	First Name:	Last Name:
Street Address:		
Town:	State:	Zip Code:
Home Telephone #:		Business Telephone #:
Cell Phone #:	Email:	
ARE YOU 18 YEARS OR OLDER?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

STATUS OF ORIGIN

The Immigration Reform and Control Act of 1986 requires employees to answer the following questions:

Are you a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an alien lawfully authorized to work in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(Form I-9 must be completed to certify eligibility for employment)</i>	
Have you ever been convicted of a crime in this or any other state?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT DESIRED

Position Desired:	Date available:	Salary Desired:
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you previously applied for a position in this district? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Applied:	Where:

EDUCATION

Name and Location of Education Institution	Dates Attended	Courses
<i>College - University</i>		

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<i>High School</i>		
<i>Trade, Business, or Correspondence School</i>		

GENERAL INFORMATION

List areas of special study or research work:	
U.S. Armed Forces Service:	<input type="checkbox"/> Yes <input type="checkbox"/> No Rank:
Are you currently a member in the National Guard or Reserves:	<input type="checkbox"/> Yes <input type="checkbox"/> No

WORK EXPERIENCE

Dates of Employment	Employer and Address	Position	Salary

REFERENCES

Name	Address	Telephone Number/Email	Occupation

PHYSICAL RECORD

Do you have any physical limitations that preclude you from performing any work for which you are being considered? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what can be done to accommodate your limitation?

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Please describe:

1. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same.
2. I understand and agree that, if hired, my employment is for no definite period and may, regardless of date of payment of my wages and salary, be terminated at any time prior notice.
3. I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.
4. I have read the job description and will be able to perform the duties stated in the job description.
5. I am aware that according to N.J.S.A. 18A:6-7.1 Et Seq. and N.J.S.A. 18A:39-19.1 that all employees of a public school district or contracted employment who have contact with students must submit to a criminal history background check.

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY	
INTERVIEW BY:	FINAL ACTION:
Name:	Salary: Step:
	Date approved by Superintendent:
	Date Board Approved:
Recommended for appointment by:	