

PASCACK VALLEY REGIONAL HIGH SCHOOL DISTRICT  
http://www.pascack.org

Office of the Superintendent  
28 West Grand Avenue  
Montvale, NJ 07645  
(201) 358-7005

**APPLICATION FOR EMPLOYMENT**

Social Security Number:		Date:
Title:	First Name:	Last Name:
Address: (Street)		
(Town)	(State)	(Zip Code)
Home Phone:		Work Phone:
Cell Phone:	Email:	

**Position Desired:**

**Major Area of Study:**

*We are an Affirmative Action / Equal Opportunity Employer. We do not discriminate relative to the handicapped as per Section 504 of the Rehabilitation Act of 1973.*

**INSTRUCTIONS:**

1. Please complete the entire application.
2. Do not refer District to credentials in lieu of this form.
3. Forward application, cover letter, resume, copies of transcripts and applicable NJ certifications to Superintendent.
4. Please feel free to add information.
5. All arrangements for personal interviews will be initiated from Pascack Valley Regional High School District.

**PLEASE FORWARD APPLICATION TO:**

Superintendent of Schools  
Pascack Valley Regional H.S. District  
Electronically to: [employment@pascack.org](mailto:employment@pascack.org)

**APPLICATION FOR EMPLOYMENT**

**I.**

<b>Name:</b>	<b>Date:</b>
<b>Citizenship:</b>	<b>Have you ever been convicted of a crime in this or any other state?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO

**II. PREPARATION**

<b>Educational Institution Names and Locations</b>	<b>Dates Attended</b>	<b>Courses Major / Minor</b>	<b>No. of Semester Hours</b>	<b>Degree / Date Conferred</b>
<u>College – University</u>				
<u>High School</u>				

**III. Undergraduate / Graduate: Societies, Honors, Extra Curricular Activities**

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**IV. Professional or Civic Offices held, and Community Involvement**

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**V. Professional Work Experience (Most recent first)**

Dates of Employment	Title – Grade/Subject (if applicable)	Employer and Address	Salary

**VI. Other Work Experience (Business, trades, social services, recreation, etc.)**

Dates of Employment	Job Title- Nature of Work	Employer Address	Salary

**VII. At the time of this application, are you under contract?      Yes                       No**

**VIII. Please list “NAMES OF CERTIFICATE(S)” held and CERTIFICATE NUMBER(S).**

New Jersey	Other States
<b>CE    Subject Area:</b>	<b>CE    Subject Area:</b>

**IX.**

Are you available for an interview? Yes <input type="checkbox"/> No <input type="checkbox"/>		Is so, when? <input type="checkbox"/>	
May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Check activities with which you can assist (A) and which you are competent to direct or coach (D):</b>			
Soccer A <input type="checkbox"/> D <input type="checkbox"/>	Football A <input type="checkbox"/> D <input type="checkbox"/>	Basketball (boys & girls) A <input type="checkbox"/> D <input type="checkbox"/>	Field hockey A <input type="checkbox"/> D <input type="checkbox"/>
Volleyball A <input type="checkbox"/> D <input type="checkbox"/>	Bowling A <input type="checkbox"/> D <input type="checkbox"/>	Tennis (boys & girls) A <input type="checkbox"/> D <input type="checkbox"/>	Softball A <input type="checkbox"/> D <input type="checkbox"/>
Baseball A <input type="checkbox"/> D <input type="checkbox"/>	Golf A <input type="checkbox"/> D <input type="checkbox"/>	Track (boys & girls) A <input type="checkbox"/> D <input type="checkbox"/>	Wrestling A <input type="checkbox"/> D <input type="checkbox"/>
Cross Country A <input type="checkbox"/> D <input type="checkbox"/>	Dramatics A <input type="checkbox"/> D <input type="checkbox"/>	Swimming (boys & girls) A <input type="checkbox"/> D <input type="checkbox"/>	Publications A <input type="checkbox"/> D <input type="checkbox"/>
Student Council A <input type="checkbox"/> D <input type="checkbox"/>	Class Advisor A <input type="checkbox"/> D <input type="checkbox"/>	Cheerleading A <input type="checkbox"/> D <input type="checkbox"/>	Clubs A <input type="checkbox"/> D <input type="checkbox"/>
Other: A <input type="checkbox"/> D <input type="checkbox"/>	Other: A <input type="checkbox"/> D <input type="checkbox"/>	Other: A <input type="checkbox"/> D <input type="checkbox"/>	Other: A <input type="checkbox"/> D <input type="checkbox"/>

**X. References**

Name	Address	Telephone Number / Email	Occupation

**XI. Please write a brief statement concerning your educational beliefs, as well as your reasons for desiring to work in the Pascack Valley Regional High School District. (Please use additional sheet if necessary.)**

<b>Submitted by:</b>	<b>Date:</b>
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**FOR OFFICIAL USE ONLY BY SUPERINTENDENT'S OFFICE**

<b>INTERVIEWED BY:</b>	<b>FINAL ACTION:</b>	
	Salary:	
	Step:	Degree Level:
	Date approved by Superintendent:	
	Date Board approved:	
Recommended for appointment by:		