



**BAYONNE PUBLIC SCHOOL DISTRICT**  
**669 Avenue A**  
**Bayonne, New Jersey 07002**

**APPLICATION FOR EMPLOYMENT**

DATE \_\_\_\_\_

POSITION DESIRED: \_\_\_\_\_

\_\_\_\_\_ Permanent \_\_\_\_\_ Temporary

NAME \_\_\_\_\_  
(last) (first) (middle initial)

ADDRESS \_\_\_\_\_  
(number and street) (city and state) (zip code)

SOCIAL SECURITY NUMBER \_\_\_\_\_

TELEPHONE NUMBER (home) \_\_\_\_\_ (Email) \_\_\_\_\_

Current  
Employer: \_\_\_\_\_ Position \_\_\_\_\_

Employer  
Address: \_\_\_\_\_ Phone \_\_\_\_\_

**EDUCATION**

School/Location	Dates Attended	Graduated	
		Yes	No
Elementary:			
Secondary:			
College:			

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

**WORK EXPERIENCE**

<b>Name of Firm or Organization &amp; Address</b>	<b>Type of Work Performed</b>	<b>Dates of Employment</b>

**MILITARY EXPERIENCE**

**Branch of Service** \_\_\_\_\_ **Military Specialty** \_\_\_\_\_

**Highest Rank or Grade** \_\_\_\_\_

**Do you have a disability which will prevent you from satisfactorily performing the position for which you have applied?**

\_\_\_\_\_

**If yes, please explain** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you ever been convicted of a criminal offense which has not been expunged or sealed by a court?**

\_\_\_\_\_

**If yes, please explain** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**CITIZENSHIP/IMMIGRATION STATUS/FINGERPRINTING**

Proof of citizenship/immigration status will be required upon offer of employment. All individuals hired by the Bayonne Board of Education must be fingerprinted prior to employment. The cost of fingerprinting must be borne by the applicant.

**STATEMENT**

I hereby certify that all statements made in this application are correct and authorize investigation of any information or references contained herein. I also authorize the Bayonne Board of Education to seek such other information as may be relevant to my application. I hereby release the Board and its representatives from any liability for seeking such information and all other persons, corporations, organizations for furnishing such information. I understand that any misrepresentations shall be sufficient reason to reject my application and to terminate my employment.

Date completed \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

<i>FOR OFFICE USE ONLY</i>		
INTERVIEWER	DATE	COMMENTS