

EXPERIENCE REFERENCES (Please list three):

Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number

MILITARY EXPERIENCE:

Branch of service _____ Highest Rank _____

TEACHING OR RELEVANT BUSINESS EXPERIENCE

Previous Employers: (List last one first)	Time Employed		Immediate Supervisor	Phone Number
	From	To		

IDENTIFY INFORMATION WITH ABOVE LISTED EMPLOYERS:

Position Held	Describe duties, include grade & subject	Last Salary	Reason for leaving

Total years of teaching experience _____

Grade levels certified _____ Subjects Certified _____

Exact Name of New Jersey Teaching certificate(s) you hold – when and where obtained:

EDUCATION HISTORY

NAME OF SCHOOL	LOCATION	ENTERED	GRADUATED	DEGREE
High School				
College				
University				
Graduate				
Graduate				

Attach photocopies of any certification, degrees and transcripts earned. DO NOT FORWARD SEPARATELY.

STUDENT TEACHING EXPERIENCE:

Name of School _____ Address _____

Critic or Master Teacher _____ Principal _____

Dates: From _____ To _____ Phone # _____

Co-curricular – List school activities you are qualified to supervise:

What sports are you qualified to coach: _____

FOREIGN LANGUAGE CANDIDATES ONLY:

Languages you can read or write fluently: _____ Speak fluently: _____

ELEMENTARY CANDIDATES ONLY:

Can you teach your own music? _____ Do you play any instrument? _____

Do you play piano well enough to accompany a chorus? _____ Do you sing? _____

Have you traveled abroad? _____ Studied abroad? _____

If you are teaching now, may we observe you at work? Yes _____ No _____

In your own handwriting please state the most important contributions you would make to the Vernon Township Schools:

I attest all information in this application is true and correct.

Applicant Signature

Date

THIS APPLICATION WILL BE KEPT ON FILE FOR ONE YEAR. If you desire consideration after that time a new form should be completed.

This space for use by interviewers and school officials:

Interviewed by:_____

Date:_____

Interviewed by:_____

Date:_____

Interviewed by:_____

Date:_____

Observed by:_____

Date:_____

Suggested Step_____

Salary_____

Remarks:_____

VERNON TOWNSHIP PUBLIC SCHOOLS CO-CURRICULAR APPLICATION

Name

Date

I. ATHLETICS

a) What sports have you played in high school, college and other areas?

High School _____

College _____

Other _____

b) Honors in sports (awards, letter, etc.) _____

c) What sports do you feel you could coach _____

d) List coaching experience (schools and other experience) _____

e) Briefly describe your philosophy of coaching and athletics _____

f) Teaching certificates (dates & states) _____

g) Do you agree teachers must be involved in student activities other than the classroom? _

Signature

Name

Date

II. CO-CURRICULAR (other than athletics)

a) Do you have background in: (If yes please specify type)

Dramatics: _____

Publications: _____

Art: _____

Music: _____

Dance: _____

Class/Student Organizations: _____

Service Organizations (Interact, Candy-strippers, etc.): _____

Community Groups: _____

Other: _____

b) Teaching Certificates (date & State): _____

c) Briefly describe your philosophy of specified co-curricular activities: _____

d) Do you agree teachers must be involved in student activities other than classroom? _____

Signature