



City of Burlington Public Schools

518 LOCUST AVENUE, BURLINGTON, NEW JERSEY 08016

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SUPERINTENDENT OF SCHOOLS
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CITY OF BURLINGTON BOARD OF EDUCATION

Employment Application

Please Check The Appropriate Category

Office/Clerical

Education Assistant

Cafeteria

Custodial/Maintenance

Transportation

Other

City of Burlington Board of Education

Last name First MI				For Personnel use only			Date of application	
Street address				Type(s) of work desired			Social Security number	
City		State		ZIP		Home telephone		Work telephone
How were you referred to the Board of Ed? (Circle only one.)	A By your college	B Advertisement	C Employment agency	D By an employee	If so, give name:	E Open house	F Walk-in	G Other

Please read carefully and complete by printing in ink or typing.

An Equal Opportunity Employer

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

Provide all information requested.

Your complete application form will be maintained in our active files for one (1) year from the date of application. You may submit a new application at any time.

Employment Record

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

Last or present company		Type of business	Type or classification of job
Street address		Phone number	Brief description of job duties
City	State	ZIP code	
Supervisor's name		Phone number	
Base salary	Dates worked From To		
Reason for leaving			

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Street address		Phone number	Brief description of job duties
City	State	ZIP code	
Supervisor's name		Phone number	
Base salary	Dates worked From To		
Reason for leaving			

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Military Record

Branch of service _____ From _____ To _____

Present military affiliation:
None _____ Reserve (active) _____ Reserve (inactive) _____

Kinds of training and duty while in service _____

Professional/Work References

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title/relationship	Address (street, city, state, ZIP code)	Phone no. (include area code)	Occupation

May we contact your present employer? Yes _____ No _____

Wage or salary required _____

Date available _____

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the Board's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the Board or myself.

Please use the back of these sheets for any additional information.

Date Signature

If any of your educational or employment records are under other than the above name, please provide other names.