



PALMYRA BOARD OF EDUCATION PALMYRA, N.J. 08065

An Equal Opportunity/Affirmative Action Employer

Please Return Application To

Administrative Offices
301 Delaware Avenue
Palmyra, NJ 08065 (856) 786-9300

EMPLOYMENT APPLICATION

Please Note: Information contained herein may be relied upon and may become a legal part of any contract if offered. **ALL** blanks must be completed. Requests for information which do/may not apply must be marked **N/A**.

Name _____ Date _____
First M.I. Last

Current Address _____ Phone _____
 _____ Cell _____
 _____ SS# _____

Email _____ DOB _____

POSITION DESIRED

(Check all that apply)

- Administrator Teacher Teaching Assistant Administrative/Secretary Buildings and Grounds
- Technology Coach/Extra-Curricular After School Care Substitute _____
- Other _____

Name of Position Title as Advertised _____

Full Time Part Time Substitute New Jersey Resident? Yes No

Date Available for Employment or Notification Requirement (days) _____

Current Position _____ Current Employer _____

Employer Address _____

Employer Phone _____ Employer Contact _____

May we contact your current employer prior to a job offer? Yes No

Current Salary \$ _____ Minimum Salary Requirement \$ _____

DO NOT WRITE IN SPACE BELOW

Interview Date _____

Start Date _____

Assignment _____

Building Charles Street
 Palmyra High School
 Delaware Avenue

Starting Salary \$ _____

Step on Guide _____

Board Approval Date _____

Process	Completed
Application	
Certificate	
Transcript	
Personnel Recommendation	
Finger Printing	
Physical	
Health History	
I-9 or I.D.	
References Checked	
W-4	
Board Action Item	
Personnel Software	
Payroll	
Health Benefits	
Pension	
License Expiration (Nurses Only) _____	

EDUCATION

(Must be completed by all applicants)

Date (Year to Year)	Name of Institution	Major	Minor	Graduation Date	Degree

Total number of hours/credits earned beyond last degree _____

CERTIFICATION

(Must be completed by Administrator, Teacher, Teaching Assistant, Coach/Extra-Curricular Substitute, Teacher/Assistant)

Certification	State	Date Issued	Expiration Date (If Applicable)	Type

New Jersey Certified? Yes No

WORK EXPERIENCE

(Must be completed by Administrative/Secretary, Buildings and Grounds, Technology, Other)

Employer Name	Address	From Mo/YR	To Mo/YR	Reason for Leaving

EDUCATION EXPERIENCE

(Must be completed by Administrator, Teacher, Teaching Assistant, Coach/Extra-Curricular, Substitute Teacher/Assistant)

Name of School District	Address	Position	From Mo/YR	To Mo/YR	Reason for Leaving

STUDENT TEACHING RECORD

(Must be completed by Teacher if less than 3 years of experience)

Name of School District	Address	Grade or Subject	From Mo/YR	To Mo/YR	Cooperating Teacher