

Cliffside Park Public Schools

Position: _____

Date: _____

Name: _____

Address: _____

Phone Number: _____ Social Security: _____

Are you a U.S. citizen? _____

Do you have any physical, mental or emotional disabilities which would prevent you from satisfactorily performing the position for which you are applying? _____

Have you even been convicted of an indictable offense? _____

Have you ever failed to be re-appointed to a position? _____

If so, When? Where? _____

Why? _____

Education:

High School: _____ Location: _____

Date of Entrance: _____ Date of Graduation: _____ Degree: _____

College: _____ Location: _____

Date of Entrance: _____ Date of Graduation: _____ Degree: _____

Graduate Work: _____

Location: _____

Experience: (Non Teaching)

Employer: _____

Nature of Work: _____

Between What Dates: _____

Employer: _____

Nature of Work: _____

Between What Dates: _____

Employer: _____

Nature of Work: _____

Between What Dates: _____

Armed Service Experience:

Branch of Service: _____ Date of Entry: _____

Type of Discharge: _____ Date of Separation: _____

Total No. of Years & Months in Service: _____