

CLIFFSIDE PARK PUBLIC SCHOOLS NON-CERTIFICATED PERSONNEL

POSITION: _____

DATE: _____

NAME: _____
LAST
FIRST
INITIAL

STREET ADDRESS
CITY
STATE
ZIP CODE

PHONE NUMBER

SOCIAL SECURITY NUMBER

ARE YOU AUTHORIZED TO WORK IN THE U.S. FOR THE CLIFFSIDE PARK SCHOOL DISTRICT? YES NO

DO YOU HAVE ANY PHYSICAL, MENTAL OR EMOTIONAL DISABILITIES WHICH WOULD PREVENT YOU FROM SATISFACTORILY PERFORMING THE POSITION FOR WHICH YOU ARE APPLYING? YES NO
 IF YES, PLEASE EXPLAIN

HAVE YOU EVER BEEN CONVICTED OF AN INDICTABLE OFFENSE? YES NO

HAVE YOU EVER FAILED TO BE RE-APPOINTED TO A POSITION? YES NO

IF SO, WHEN AND WHERE? _____

WHY? _____

INDICATE THE LANGUAGE(S) YOU CAN SPEAK PROFICIENTLY: _____

INDICATE THE LANGUAGE(S) YOU CAN READ/WRITE PROFICIENTLY: _____

EDUCATION:

	NAME & LOCATION	DATE OF ENTRANCE	DATE OF GRADUATION	DEGREE
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
GRADUATE WORK				

EXPERIENCE:
NON-TEACHING

WORK: EMPLOYER	NATURE OF WORK	DATE: MONTH & YEAR
		FROM: TO:
		FROM: TO:
		FROM: TO:
		FROM: TO:

ARMED SERVICE EXPERIENCE:

BRANCH OF SERVICE: _____ TYPE OF DISCHARGE: _____

DATE OF ENTRY: _____ DATE OF SEPARATION: _____

TOTAL NO. OF YEARS AND MONTHS IN SERVICE: _____