



EATONTOWN BOARD OF EDUCATION

ADMINISTRATIVE OFFICES
 5 GRANT AVENUE
 EATONTOWN, NJ 07724
 TEL. (732) 935-3323
 FAX (732) 578-0017



STAFF APPLICATION

_____ / ____ / ____
 (State Tracking #) (Date)

 (Last) (First) (Middle) (Maiden)

Permanent Address _____
 (Street)

 (City) (State) (Zip)

 (Phone) (Email)

CERTIFICATIONS

Title and Grades of NJ Teaching Certificates _____
 _____ Date Recorded: ____ / ____ / ____

Title and Grades of Teaching Certificates from Other States _____

Date of Praxis Exam: ____ / ____ / ____ Date Available for Assignment ____ / ____ / ____

Type of Assignment (Choose one): Full Time Long-Term Replacement Substitute

PROFESSIONAL EXPERIENCE

(Do not include Student Teaching)

Employer/School District	Type of Work	From		To		Months of Service
		Mo.	Yr.	Mo.	Yr.	

Total years of Teaching experience in NJ: _____ **Total years of Teaching experience outside NJ:** _____
 (Note: A teaching year of experience is counted as 10 months)

Subject(s) Taught: _____

SCHOLASTIC RECORD

	Name of School	City	Dates				Degree or # Credits Completed
			From		To		
			Mo.	Yr.	Mo.	Yr.	
H.S.							XXXXX
Col.							
Col.							
Grad.							
Student Teaching							# of Weeks

Student Teaching Assignments Covered: _____
 (Grades)

If other than self-contained classroom, list subjects taught: _____

College Major: _____ **College Minor:** _____

List High School/College Honors and Activities: _____

MILITARY RECORD

Air Force _____ Army _____ Coast Guard _____ Marines _____ Navy _____
 (Place number of months of service after proper branch)

REFERENCES

Please list 3 professional references, with at least 1 person who can provide a character reference:

Name	Relationship	Phone/Email

CERTIFICATION

I hereby certify that all information provided in this application is true and complete to the best of my knowledge.

 (Signature of Applicant)

 (Date)