

The Queen City Academy Charter School - Employment Application

Please return Application To: 815 West Seventh Street, Plainfield, NJ 07063

(908)753-4700

PLEASE NOTE: The applicant should exercise the greatest care in preparing this application. Information contained herein becomes a legal part of the contract in case of appointment and must be accurate. Please do not omit any applicable item.

Name _____ Date _____

Present Address _____

Home Telephone _____ Day Telephone _____

Permanent Address _____

Social Security # _____ N.J. Teachers' Pension & Annuity Fund # _____

(If Member)

POSITION DESIRED

(Check ALL that apply)

Check: Administrator _____ Teacher _____ Instructional Aide _____ Secretary _____ Custodian _____
 Cafeteria Personnel _____ Other (Specify) _____

Check: Regular Full Time _____ Part Time _____ (a.m.) _____ (p.m.) Substitute _____

Date Available for Employment _____

CERTIFICATION:

Certificate Title(s)	State	Date Issued	Expiration Date (If Applicable)	Date recorded in Union County

DO NOT WRITE IN SPACE BELOW

Assignment:	Substitute:	SUB CERTIFICATE:
Application:	Application:	Application:
Certificate:	Certificate:	County Form:
Fingerprints w/MO:	Fingerprints w/MO:	Oath:
Physical:	Sub. Info. Sheet:	Original Transcript:
Health History:	I-9 (w/2 ID's)	Money Order:
Employee Input:	W-4	
I-9 (w/2 ID's):	NURSES ONLY:	
W-4	R.N. License Exp. Date:	

Interview Date _____

Comments: _____

Interviewed By _____

Board Approval _____

Initial Salary _____

Step on Guide _____

Employment Began _____

Date Left _____

Reason _____

(ALL Applicants, please complete)

EDUCATIONAL BACKGROUND

(Start with High School and Include All Post High School Programs and Special Courses.)

Dates Year to Year	Name & Location Of Institution	Major	Minor	Date of Graduation	Degree

Total number of earned hours beyond last degree _____

List honors and special achievements: _____

(Certificated Applicants Only)

EXPERIENCE

TEACHING AND ADMINISTRATIVE EXPERIENCE

Name & Address of School	Position	Full Time	Part Time	From Month/ Year	To Month/ Year	Reason For Leaving	Supervisor

(Certificated Applicants Only)

STUDENT TEACHING RECORD

(If less than 3 years experience)

Name & Address of School	Grade or Subject	From Month/Year	To Month/Year	Name of Cooperating Teacher

(ALL Applicants, please complete)

OTHER WORK EXPERIENCE

Name & Address of Employer	Position	Full Time	Part Time	From Month/Year	To Month/Year	Reason for Leaving	Supervisor

_____ # of days absent from work during the past year for reasons other than vacation. Comment (if desired):

(ALL Applicants, please complete)

PERSONAL REFERENCES

(Not Relatives or Former Employers)

Name	Address	Occupation	Telephone

(ALL Applicants, please complete)

PROFESSIONAL REFERENCES

(Include Superintendents, Principals and Supervisors for whom you have worked)

Name	Address	Official Position	Telephone

APPLICANT’S PERSONAL STATEMENT

Add here any additional information, special interests, or statements which you feel will support your candidacy or assist us in arriving at a true estimate of your qualifications.

Area for applicant's personal statement, consisting of 12 rows of empty space for text entry.

NOTE TO CANDIDATE:

Thank you for your interest in The Queen City Academy Charter School. Under routine circumstances your application will be kept on file and you will not receive a response. If you are being considered for a specific position, you will be notified by phone or mail. If you have any questions about the status of your application, please call: **(908) 753-4700**. Applications are kept on file for one school year. To be further considered, a candidate must renew the application.

Please include the following with your application:
A copy of your New Jersey certificate(s), student teacher or annual evaluation report, copies of transcripts, written references, and Praxis scores.

AUTHORIZATION AND ATTESTATION OF APPLICANT

FOR EMERGENT SCHOOL EMPLOYMENT

Please complete section A or section B:

- A) Please **print your name** if you are not currently employed by any board of education or educational facility under the supervision of the Department of Education or by any contractor providing service to such school or facility **OR** if you are so employed but have had **a break in such service longer than 180 days**.

I, _____ swear/affirm that I have not been convicted nor do I have any charges pending for the following crimes or offenses; any crime of the first or second degree, any crime bearing upon or involving sexual offense, child molestation; an offense involving the manufacture, transportation, sale, distribution, habitual use of a controlled dangerous substance or any violation involving drug paraphernalia, including hypodermic needles; any crime involving the use of force to or upon a person or property including, but not limited to, robbery, aggravated assault, stalking, kidnapping, arson, manslaughter and murder; any crime of possessing weapons, a third degree crime as set forth in Chapter 20 of Title 2C (theft); recklessly endangering another person, terroristic threats, criminal restraint, luring, enticing child into motor vehicle or isolated structure, causing or risking widespread injury or damage, criminal mischief, burglary, usury, threats and other improper influence, perjury and false swearing, resisting arrest, escape; any conspiracy to commit or attempt to commit any of the crimes described in this act.

- B) Please **print your name** if you are currently employed by a board of education or educational facility under the supervision of the Department of Education or by any contractor providing service to such school or facility and if you have **not had a break in such service longer than 180 days**.

I, _____ swear/affirm that I have not been convicted of any crime or offense bearing upon or involving sexual offense, child molestation, endangering the welfare of children or incompetents; an offense involving the manufacture, transportation, sale, possession, habitual use of a controlled dangerous substance; any crime involving the use of force or the threat of force to or upon a person or property including robbery, aggravated assault, kidnapping, arson, manslaughter and murder; or a simple assault involving the use of force which results in bodily injury; or in any other state or jurisdiction, a conviction if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described in the law.

I have read and understand this statement. I am also aware that if I sign this statement and my criminal history record discloses a disqualifying crime or offense, I could be subject to prosecution.

I do hereby authorize the New Jersey State Department of Education, its agents and representatives, to submit fingerprint data pertaining to me to the Federal Bureau of Investigation and the New Jersey State Police, Bureau of Identification, for the purpose of obtaining criminal history record information as required by N.J.S.A. 18 A:6-7. 1 et.seq., N.J.S.A. 18 A:39- 17 et.seq. or N.J.S.A. 1 8A:6-4. 13 et.seq.

Applicant Signature _____

Applicant Phone Number _____