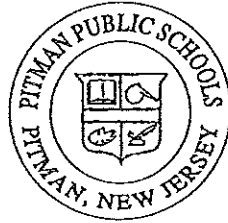


# PITMAN PUBLIC SCHOOLS

*Neighborhood Schools Inspiring Excellence*



## Application for Certificated Position

### Application Requirements

1. The application must be completed in full.
2. Copy of New Jersey Certificate or evidence of N.T.E. Exam or Letter of Eligibility.
3. Submit copy of college transcript(s); undergraduate and graduate, if applicable.
4. Resume must be included.
5. School Nurse applicants must furnish a copy of New Jersey State Board of Nursing License.

**Personnel Office - Pitman Public Schools**  
420 Hudson Avenue  
Pitman, NJ 08071  
(856) 589-2145

*An Affirmative Action / Equal Opportunity Employer*

**Certificated Position  
Employment Application**

*Please type or print*

1. Date of Application: \_\_\_\_\_ 2. Date available for employment: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Last
First
Middle
Maiden

4. Social Security Number: \_\_\_\_\_

5. Permanent Address: \_\_\_\_\_ 6. Temporary Address Until: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Home Phone: (\_\_\_\_) \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_

8. Person to contact if you are not available at the above address:

Name: \_\_\_\_\_ Home Ph.: (\_\_\_\_) \_\_\_\_\_ Bus. Ph.: (\_\_\_\_) \_\_\_\_\_

9. Position for which you are applying: \_\_\_\_\_ State subject, grade level preference and/or geographic area: \_\_\_\_\_

*List 1st, 2nd, and 3rd preferences:*

First: \_\_\_\_\_

\_\_\_\_\_

Second: \_\_\_\_\_

\_\_\_\_\_

Third: \_\_\_\_\_

\_\_\_\_\_

10. Education:

High School - Location

Date of Graduation

List all colleges or universities attended for undergraduate or graduate study, in chronological order, beginning with first undergraduate study. Include institutions attended even though no degree was earned. Use additional page if needed.

College/University & Location	Dates of Attendance	Major - Sem. Hours	Minor - Sem. Hours	Degree Earned - Date

Hours in Education: \_\_\_\_\_ Total Semester Hours: \_\_\_\_\_

11. List other educational preparation, special skills, honors, hobbies, or related experiences pertinent to the position for which you are applying.

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12. Have you ever been discharged or asked to resign from any position? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

13. Employment Experience: List all employment (except US Armed Forces) in chronological order, with present employment first. Any voids in the chronological order must be explained on a separate attachment. Substitute teaching and/or part-time teaching should be clearly labeled under "duties." Use additional page if necessary.

**Office Use Only**

<div style="border: 1px solid black; width: 80px; height: 30px; margin: 5px auto;"></div> <p style="text-align: center;">Year Month</p>	<b>Dates</b> <b>from:</b> _____ Month Day Year <b>to:</b> _____ Month Day Year	<b>Number of</b> <b>Years or Months</b> _____ Years Months	<b>Name and Address of</b> <b>School or Employer:</b>	<b>Duties: if teacher,</b> <b>subject &amp; grades taught:</b>
	<b>Name of Principal or Supervisor</b>	<b>Phone:</b>	<b>Salary or Hourly Wage</b>	<b>Reason for Leaving:</b>
<div style="border: 1px solid black; width: 80px; height: 30px; margin: 5px auto;"></div> <p style="text-align: center;">Year Month</p>	<b>Dates</b> <b>from:</b> _____ Month Day Year <b>to:</b> _____ Month Day Year	<b>Number of</b> <b>Years or Months</b> _____ Years Months	<b>Name and Address of</b> <b>School or Employer:</b>	<b>Duties: if teacher,</b> <b>subject &amp; grades taught:</b>
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	<b>Name of Principal or Supervisor</b>	<b>Phone:</b>	<b>Salary or Hourly Wage</b>	<b>Reason for Leaving:</b>

14. Military Service - Copy of DD-214 should be submitted for verification.

<b>Active Duty</b>  <b>Dates</b> <b>from:</b> _____ Month Day Year _____ Month Day Year	<b>Number or</b> <b>Years or</b> <b>Months</b>  _____	<b>Branch of Service:</b>	<b>Duties:</b>
		<b>Type of Discharge:</b>	

15. Student Teaching Experience:

School	Phone Number	Location	Grade/Subject	Sem. Hours

16. List teaching certificate(s) you hold or have previously held - *submit copy*:

State	Certificate	Date Issued	Date Expired	Field(s)

17. Circle those activities listed below for which you feel you are qualified and willing to coach or sponsor:

- |            |             |                   |          |           |
|------------|-------------|-------------------|----------|-----------|
| Basketball | Track       | Wrestling         | Debate   | Newspaper |
| Chorus     | Gymnastics  | Baseball          | Tennis   | Drama     |
| Yearbook   | Cheerleader | Soccer            | Football | Golf      |
| Band       |             | Literary Magazine |          |           |

Other: \_\_\_\_\_

Other: \_\_\_\_\_

18. References:

List the names of the persons in the supervisory capacity who know of your performance in your area of expected employment. Applicants must submit references from previous employers. Give names of most recent supervisors, principals, cooperating or supervising teachers, etc. Please list those whom we may contact even if they are the same as those submitted with your application.

Name	Official Position	Present Address - include zip please	Phone Number

I hereby certify that the information herein is a true and complete statement of my personal and professional records to date. I am aware that any falsification on this application will constitute grounds for immediate dismissal.

Signed: \_\_\_\_\_

**Pitman Public Schools does not discriminate in its employment practices, business actions, and/or educational opportunities because of age, race, handicap, creed, color, national origin, marital status or sex.**

**Personnel Office - Pitman Public Schools**

420 Hudson Avenue

Pitman, NJ 08071

(856) 589-2145

**Professional Reference - Teacher Level**

**PART I - TO BE COMPLETED BY APPLICANT**

Applicant's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
Street City State Zip Code

The above named person has applied for a position as \_\_\_\_\_ with the Pitman Public Schools, Pitman, NJ. He/She requests and authorizes you to release references and appreciates your completing the form below. A self-addressed envelope is enclosed for your convenience. This information is confidential and will become the property of the Pitman Public Schools.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART II - TO BE COMPLETED BY REFERENCE**

<p><b>Type of position held by applicant:</b>  <input type="checkbox"/> Teacher    <input type="checkbox"/> Student Teacher   <input type="checkbox"/> Other - <i>explain</i> _____                   Grade: _____ Subject: _____</p>	<b>Applicant's dates of service</b>					
	<b>From</b>		<b>To</b>		<b>Length</b>	
	<b>Month</b>	<b>Year</b>	<b>Month</b>	<b>Year</b>	<b>Month</b>	<b>Year</b>

Performance Criteria	
Based upon most relevant observations or judgement of potential performance regardless of position held.	
<i>Please indicate:</i> 1-Highly Effective 2-Effective 3-Not Effective 4-No Basis for Judgement	
1 2 3 4	Appraises student learning levels, interests and needs.
1 2 3 4	Establishes learning objectives consistent with appraisal of student needs, and knowledge of human growth and development.
1 2 3 4	Plans and provides for involvement of students in the learning process.
1 2 3 4	Plans for and uses instructional methods which motivate and enable each student to achieve learning objectives.
1 2 3 4	Plans for and uses resources which motivate and enable each student to achieve learning objectives.
1 2 3 4	Plans for and uses evaluation techniques which motivate and enable each student to achieve learning objectives.
1 2 3 4	Establishes and maintains the environment required to motivate and enable each student to achieve learning objectives.
1 2 3 4	Appraises his/her effectiveness and demonstrates successful application of skills and information acquired to increase effectiveness.
1 2 3 4	Participates in school management and shares responsibility for total school program.
1 2 3 4	Establishes relationships with colleagues, students, parents, and community which reflect recognition of and respect for every individual.

Personal Qualities							
<i>Please indicate:</i> 1-Excellent 2-Acceptable 3-Not Acceptable 4-No Basis for Judgement							
1 2 3 4	Maturity	1 2 3 4	Sensitive to feelings of others	1 2 3 4	Perceptiveness	1 2 3 4	Appearance
1 2 3 4	Initiative	1 2 3 4	Honesty in relationships	1 2 3 4	Ability to communicate		
1 2 3 4	Professional Attitude	1 2 3 4	Alertness				

**Would you employ or re-employ?**

Yes     No

If no, please state the reason:

**Do you know of any specific reason why this applicant would not make a desirable staff member?**

Yes     No

If yes, please state the reason:

**Comments:** Please include a brief statement about the applicant's classroom organization/management. Utilize the back for any additional comments you may wish to make regarding the applicant's performance.

Signature of person completing form:		School District or Business Address:
Title:	Date:	
Phone:		