Warren County Technical School
1500 Route 57
Washington, NJ 07882
(908) 689-0122 *fax* (908) 689-7699
"Leading Warren County into the 21st Century"

Application for Employment

-This application must be completed even if attaching a personal resume

An Equal Opportunity Employer

PERSONAL INFORMATION

Last Name | First Name | Middle Name

Present Address

Street

City | State | Zip Code

Permanent Address (if different from above)

Phone | Cell Phone | e-Mail Address

Social Security Number

Have you ever applied for work at WCTS? _____ Date

Have you ever worked at WCTS? _____ Date

If you are not a U.S. citizen, do you have the legal right to work in the United States? ☐ Yes ☐ No

Type of Visa:_____exp. date:_____

Are you a U.S. Military Veteran ☐ Yes ☐ No

If yes, please list dates_____

Rank at discharge_____

Have you ever been convicted of a felony? ☐ Yes ☐ No

Are any criminal charges pending against you or any warrants outstanding for your arrest for any reason? ☐ Yes ☐ No

If yes to either, please describe_____

_____

_____

POSITION DESIRED

Position Applied for | Desired Salary | Date Available

Type of Employment

☐ Full-time ☐ Part-time (hours:_____)

If required, would you be willing to work

☐ Weekends ☐ Overtime

Do you have any relatives employed at WCTS? ☐ Yes ☐ No if yes, please give names:

List all Certifications Held (Teaching – Certified Staff)

_____

_____

_____

Custodial/Maintenance- Do you have a valid Driver License ☐ Additional motor vehicle endorsements (CDL) ☐

EDUCATION AND TRAINING

Please indicate the last level of education completed High School: 1 2 3 4 College or University: 1 2 3 4 Graduate School: 1

Education	Name	GPA	Did you graduate?	Major & Minor	Degree Earned	Date (mo./.yr.)
High School						
College or University						
Graduate School						
Business or Vocational						

Software:_____

Note: Must be completed even if attaching a personal resume

DESCRIPTION ☐ See attached resume

Employment Dates	Employer	Title

Address	Duties or Teaching Experience (include subjects taught)

Certifications Held	Reason for Leaving

Employment Dates	Employer	Title

Address		Duties or Teaching Experience (include subjects taught)
Certification Held		Reason for Leaving
Employment Dates	Employer	Title
Address		Duties or Teaching Experience (include subjects taught)
Certification Held		Reason for Leaving

PROFESSIONAL REFERENCES (Please list only persons we may contact at this time)		
Name	Title and Professional Relationship	Phone Number and extension

AFFIDAVIT

I hereby declare that my statements on this application and on my resume or document provided by me to Warren County Technical School are true and correct to the best of my knowledge. I also authorize investigation of these statements. This investigation may include employment history, reasons for leaving previous employers, criminal record, and degree verification. I hereby release Warren County Technical School from all liability for any damages resulting from the information obtained.

APPLICANT'S SIGNATURE_____DATE_____