



Phone: (609) 926-6700

Fax: (609) 926-6705

## CERTIFICATED POSITION APPLICATION

POSITION APPLYING FOR: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street City State Zip Code

E-mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(Optional)

### **Schools and Colleges Attended**

College/University Attended: \_\_\_\_\_

Year Graduate: \_\_\_\_\_ G.P.A.: \_\_\_\_\_ Major: \_\_\_\_\_

Diploma/Degree: \_\_\_\_\_

College/University Attended: \_\_\_\_\_

Year Graduate: \_\_\_\_\_ G.P.A.: \_\_\_\_\_ Major: \_\_\_\_\_

Diploma/Degree: \_\_\_\_\_

**Certification/Praxis Subject Assessment/Specialty Area:** Please list all educational certifications held including state and expiration date. Attach a copy of your New Jersey certification(s), resume and any other documents you deem important.

1. \_\_\_\_\_ Expires: \_\_\_\_\_
2. \_\_\_\_\_ Expires: \_\_\_\_\_
3. \_\_\_\_\_ Expires: \_\_\_\_\_

**Praxis Subject Assessment/Specialty Area:** (Attach a copy of your Praxis test results)

1. \_\_\_\_\_ Test Date: \_\_\_\_\_ Score: \_\_\_\_\_
2. \_\_\_\_\_

**TEACHING EXPERIENCE**

Please list your teaching experiences below – your most recent experience first. Include your student teaching, if applicable.

<u>School District</u>	<u>Dates</u>	<u>Grade/Subject</u>
1. _____		
2. _____		
3. _____		

**REFERENCES**

Please list name, address and telephone number of individuals who can comment on your experience and qualifications. Attach three (3) letters of recommendation to this document. The same names may be included for both requests.

<u>Name</u>	<u>Position</u>	<u>Phone Number</u>
1. _____		
2. _____		
3. _____		

**OTHER INFORMATION**

Present Salary (if applicable): \_\_\_\_\_ Lowest Salary Acceptable: \_\_\_\_\_

Have you ever served in the military? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been refused a teaching contract? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", please explain: \_\_\_\_\_

\_\_\_\_\_

***Please answer the following in narrative form.***

Describe and list the activities you have experience in and are willing to sponsor, i.e. clubs, sports, other extra-curricular activities.

\_\_\_\_\_

\_\_\_\_\_

Briefly state your educational philosophy and how it pertains to the position to which you are applying.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach additional pages if necessary

Briefly describe what individual qualifications and experiences you possess and will bring to the Linwood Public Schools.

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The Linwood Board of Education recognizes its responsibility to equal employment opportunity regardless of race, color, creed, religion, sex, ancestry, national origin and social or economic status.

Any falsification of information on this application and/or resume will automatically terminate employment.

\_\_\_\_\_  
Signature Date

Application package should include: Completed application form, copy of certification(s), resume, college transcripts, three (3) letters of recommendation, cover letter and any other forms you deem beneficial to our review. Please mail complete package to:

Brian M. Pruitt  
Superintendent of Schools  
Belhaven Middle School  
51 Belhaven Avenue  
Linwood, NJ 08221