

WALLINGTON PUBLIC SCHOOLS

Please Check:

Office of the Superintendent

Pine Street

Wallington, New Jersey 07057

Phone: (973) 777-4421

Fax: (973) 614-9391

www.wboe.org

Elementary _____

Secondary _____

“There is Power in Pride”

Teacher Application

Personal Data

Name _____ Soc. Sec. No. _____
Last First

Permanent Address _____ Zip _____ Telephone No. _____

Are you eligible to work in the United States ? Yes _____ No _____

How many days have you been absent from school (or your position) in the past two years? _____

PROFESSIONAL CERTIFICATION - List all areas and type of certifications/endorsements held:

Grades Preferred: Elementary, K-6 _____

Subjects Preferred: Secondary, 7-12 _____

STUDENT BACKGROUND

High School Academic Honors _____

What co-curricular activities did you take part in while in high school? _____

College Academic Honors _____

What co-curricular activities did you take part in while in college? _____

Major Field of Study _____ Minor Field of Study _____

Scholastic standing in college graduating class (circle one):

Upper Quarter Second Quarter Third Quarter Fourth Quarter

PROFESSIONAL PREPARATION

	Name	City & State	Dates Attended	Date of Graduation	Degree
High School	1.	_____	N/A	N/A	N/A
College	1.	_____			
	2.	_____			
Graduate School	1.	_____			
	2.	_____			

Please note: Dates attended are requested in the event that verification is required.

Are you now a candidate for a degree? _____ If yes, what degree? _____

Institution _____ Date to be granted _____

TEACHING EXPERIENCE:

	School & City	Subject/Grade	Dates of Service
Student Teaching	1.	_____	_____
	2.	_____	_____
Teaching Experience	1.	_____	_____
	2.	_____	_____
	3.	_____	_____
Alternate Route (if applicable)	_____	_____	_____

OTHER EXPERIENCE (Include military service)

Type of Work	Name & Location of Employer	Dates of Service
1.	_____	_____
2.	_____	_____
3.	_____	_____

REFERENCES REGARDING TEACHING OR OTHER WORK-RELATED EXPERIENCES

Name	Address/Phone	Position
1.	_____	_____
2.	_____	_____
3.	_____	_____

CO-CURRICULAR ACTIVITIES

Circle any of the following which you are able to direct or coach successfully:

Debates, School Plays, Oratorical, Music, Clubs, Athletics (please specify), Cheering,

School Newspaper, Yearbook, Student Government, Others: _____

GENERAL INFORMATION

1. Are you presently employed? _____ Location _____
2. Are you under contract? _____ If yes, what is your present contractual salary? _____
3. When would you be available? _____
4. List any other interests or talents you may have to offer _____
5. List professional organizations to which you belong _____

Do you have any other qualifications that you believe might enhance your professional duties?

Yes ___ No ___ Please specify: _____

STATEMENT OF YOUR PHILOSOPHY OF EDUCATION (in candidate's handwriting)

I affirm that the information on this form is accurate and correct.

Date

Signature of Applicant

Applications are kept on file one year. Persons interested in keeping their application active after that

period of time should notify the Superintendent's Office.

FOR OFFICE USE ONLY

Interviewed by _____ Date _____

_____ Date _____

Comments: _____

Annual Salary _____

Based on: Teaching _____

Level _____

Military _____

Step _____

Other _____

Equal Opportunity/Affirmative Action Employer

Approval _____
(Superintendent)