



POSITION DESIRED
<input type="checkbox"/> FULL-TIME
<input type="checkbox"/> PART-TIME

ACADEMICALLY GIFTED AND TALENTED PROGRAM • MONTCLAIR • NEW JERSEY 07043

EMPLOYMENT APPLICATION (PLEASE PRINT)

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Business Phone	Cell Phone		
Position Applied for			
Social Security Number	Are you in the U.S. on a visa which prohibits you from working here?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever applied for employment at MSU?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please indicate month and year	
Do you have a valid NJ Driver's License?	YES <input type="checkbox"/> NO <input type="checkbox"/> (Answer only if License needed for desired position)		

EDUCATION			
High School/ GED	Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Diploma/ Degree
College	Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Diploma/ Degree
Graduate Degree	Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Diploma/ Degree

AVAILABILITY (PLEASE CHECK SESSION WHICH YOU ARE AVAILABLE)
<input type="checkbox"/> Summer First Session <input type="checkbox"/> Summer Second Session <input type="checkbox"/> WEEKENDS (Fall OR Spring)
Have you worked with gifted and talented students? <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about this opening? <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Newspaper <input type="checkbox"/> Other (List)
Have you ever worked for the state of New Jersey? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, location
Department Title
Are you a member of the NJ State Pension System? <input type="checkbox"/> Yes <input type="checkbox"/> No Pension #
Have you ever been convicted or plead guilty to a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any pending criminal charges? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explanation will be required at the interview stage

May we contact your previous supervisors for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
PLEASE GIVE ACCURATE AND COMPLETE FULL-TIME AND PART-TIME EMPLOYMENT RECORD STARTING WITH PRESENT OR MOST RECENT EMPLOYER.	
Company/School	Phone ()
Address	Supervisor
Job Title	
Occupation	
From To	Reason for Leaving
Company/School	Phone ()
Address	Supervisor
Job Title	
Occupation	
From To Reason for Leaving	
Please list relevant skills, training, licenses or languages that have given you the knowledge and abilities for this position	

REFERENCES	
<i>Please indicate below the names of people not related to you who know your qualifications.</i>	
Full Name	Occupation
Address	Phone ()
Full Name	Occupation
Address	Phone ()
Full Name	Occupation
Address	Phone ()

PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY	
Name	Phone ()
Address	Relationship
I hereby certify that to the best of my knowledge and belief, there are no misrepresentations or falsifications in the information I provided on this application.	
Signature	Date