

**BOONTON TOWNSHIP BOARD OF EDUCATION**

**Rockaway Valley School**

11 Valley Road

Boonton Township, New Jersey 07005

Tel. (973) 334-4162 Fax: (973) 316-6956

**AN EQUAL OPPORTUNITY EMPLOYER**

For Office Use Only: Date Rec'd ___/___/___ Interviewed by _____ References Rec'd ___/___/___ Employment offered ___/___/___ Appointment by BOE ___/___/___
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**APPLICATION FOR EMPLOYMENT**

This application must be filled out in its entirety (note: there are 2 pages). Any items left blank may cause rejection of this application. If not applicable, please indicate n/a. If you wish, you may attach a resume to this application.

First Name	Last Name	Middle Name
Position Applying for:		Date:
Best Phone Number to reach you:	Email:	
Address:		
Street	Town	State/Zip

**TEACHING CERTIFICATES HELD:**

Type of Certificate	State	Date Issued	Qualifies for:

**EDUCATION:**

	School Name	Diploma or Degree	Date Conferred	Major	Minor
Undergraduate					
Graduate					
Other					

Highest Degree Held: \_\_\_\_\_ No. graduate credits beyond highest degree held \_\_\_\_\_ Date of Last College Course: \_\_\_\_\_

**FULL-TIME EMPLOYMENT HISTORY**

Beginning teachers please list student teaching experiences.

Name & Address of Employer	Dates (from/to)	Position Held	Teachers: List Subject & Grade Level

Teachers list total years' full-time teaching experience (do not list practice, sub or other non-teaching experience: \_\_\_\_\_)

Please complete page 2 ➡

