

# WEST MILFORD BOARD OF EDUCATION

46 Highlander Drive

West Milford, New Jersey 07480

Telephone: 973-697-1700 Fax: 973-697-8351

www.wmtps.org

## NON-CERTIFIED EMPLOYEE APPLICATION

### “New Jersey First Act”

“Effective September 1, 2011, all employees of school districts must reside in the State of New Jersey, unless exempted under the law. If you already work for the school district as of September 1, 2011, and you do not live in New Jersey, you are not required to move to New Jersey. However, if you begin your office, position or employment on September 1, 2011 or later, you must reside in New Jersey. If you do not reside in New Jersey, you have one year after the date you take your office, position or employment to relocate your residence to New Jersey. If you do not do so, you are subject to removal from your office, position or employment.”

### POSITION YOU ARE APPLYING FOR AT THIS TIME:

Please place a T in the first column below to indicate the position you wish to apply for.

Special Education Aide	___	___	Cafeteria Aide	___	___
Secretary	___	___	SACC Aide	___	___
Building Aide	___	___			

If you wish to substitute in any of the above positions, place a T in the second column.

Date Submitted: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last) (First) (Middle Initial)

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ TIME YOU CAN BE REACHED: \_\_\_\_\_

### EDUCATION

If applying for a Special Education Aide, do you have an Associate=s Degree or 60 college credits?

Yes \_\_\_\_\_ No \_\_\_\_\_ (This is now a requirement for the position.)

SCHOOL/COLLEGE	DATES	DEGREE/FIELD

## WORK EXPERIENCE

NAME AND LOCATION OF EMPLOYER	DATES EMPLOYED	JOB TITLE OR RESPONSIBILITY

## REFERENCES

**NOTE:** Include three professional references. Also, list two personal references not related to you.

NAME	MAILING ADDRESS	OCCUPATION	TELEPHONE

I give permission to contact references and current employer: YES \_\_\_\_\_ NO \_\_\_\_\_

## PERSONAL DATA

Social Security Number: (Optional) \_\_\_\_\_

Are you a U. S. citizen or a permanent alien? \_\_\_\_\_

Have you ever had a Criminal History Review in the State of New Jersey related to a job in a school system?  
Yes \_\_\_ No \_\_\_ If yes, name of school district and approximate date: \_\_\_\_\_

Have you ever been arrested or convicted of a crime? \_\_\_\_\_ If yes, please attach an explanation.

Pursuant to N.J.A.C. 6A: 9-17.1: All certificate holders shall report their arrest or indictment for any crime or offense to their superintendent within 14 calendar days. The report shall include the date of arrest or indictment and charge(s) lodged against the certificate holder. Such certificate holders must also report to their superintendents the disposition of any charges within seven calendar days of disposition. Failure to comply with these reporting requirements may be deemed *Just cause* pursuant to N.J.A.C. 6A:9-17.5. School districts shall make these requirements known to all new employees and to all employees on an annual basis.

Please indicate any related experience with children which would enhance your qualifications for the position you are applying for:

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What qualifications and/or experience do you possess which make you a viable candidate for the position you are applying for?

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**PERSONAL DATA (CONTINUED)**

**If applying for a secretarial or building aide position, please complete the following:**

Computer Experience:      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

Please list the computer programs you have experience with:

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(Date)

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(Signature of Applicant)