

WORK EXPERIENCE

Name of Firm or Organization & Address	Type of Work Performed	Dates of Employment

MILITARY EXPERIENCE

Branch of Service _____ **Military Specialty** _____

Highest Rank or Grade _____

Do you have a disability which will prevent you from satisfactorily performing the position for which you have applied?

If yes, please explain _____

Have you ever been convicted of a criminal offense which has not been expunged or sealed by a court?

If yes, please explain _____

CITIZENSHIP/IMMIGRATION STATUS/FINGERPRINTING

Proof of citizenship/immigration status will be required upon offer of employment. All individuals hired by the Bayonne Board of Education must be fingerprinted prior to employment. The cost of fingerprinting must be borne by the applicant.

STATEMENT

I hereby certify that all statements made in this application are correct and authorize investigation of any information or references contained herein. I also authorize the Bayonne Board of Education to seek such other information as may be relevant to my application. I hereby release the Board and its representatives from any liability for seeking such information and all other persons, corporations, organizations for furnishing such information. I understand that any misrepresentations shall be sufficient reason to reject my application and to terminate my employment.

Date completed _____ Signature of Applicant _____

<i>FOR OFFICE USE ONLY</i>		
INTERVIEWER	DATE	COMMENTS