



P.O. Box 5026, North Branch, New Jersey 08876, (908) 722-8222
www.midlandschool.org FAX (908) 722-1547

Thank you for your interest in The Midland School.
Attached is an application for employment, as you
requested.

Please fill in both sides of the application (provide all
information *including* details furnished on your
resume).

Kindly sign and date your completed application and
return with your current resume to Ms. Rose Dudek,
Human Resources Manager (email:
dudek@midlandschool.org), as soon as possible.

Thank you.

APPLICATION FOR EMPLOYMENT



Position desired: _____

P.O. Box 5026, North Branch, New Jersey 08876. 908/722/8222

The Midland School is an Equal Employment Opportunity employer and does not discriminate on the basis of race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, handicap, disability, or veteran status.

GENERAL INFORMATION

Name:		Date:	
Street Address:		Phone:	
City:	State:	Zip Code:	Social Security Number:
Referred by:		Date You Can Start:	
Salary Desired:			

EDUCATIONAL HISTORY

High School:	Location:	Diploma or Equivalent: <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College:	Location:	Degree/Credits:	Major:
Graduate School:	Location:	Degree/Credits:	Major:
What is your highest level of education?			
HS grad: _____	Associates Degree: _____	BA or BS: _____	MA: _____ EdS: _____ PhD: _____ Other: _____

MILITARY EXPERIENCE

Have you ever served in the United States Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Rank: _____
--

REFERENCES

List 3 persons who are in a position to give information on your present and past professional performance:

Name and Occupation	Address	Phone Number
1.		
2.		
3.		

Application for Employment

CERTIFICATION

Type of certificate: _____

Name of State where held: _____

Is Certificate Permanent, Limited, or Provisional: _____

WORK EXPERIENCE

Are you now employed? yes no May we inquire of your present employer? yes no

DATES EMPLOYED	NAME OF PRESENT AND PREVIOUS EMPLOYERS	POSITION HELD	SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
From:	Name:				
To:	Address:				Phone: ()
From:	Name:				
To:	Address:				Phone: ()

SUPPLEMENTAL INFORMATION

How many years of teaching experience do you have? _____

How many years of related experience do you have? _____

College, University, or Employment Distinctions: _____

Can you with or without accommodation perform the essential functions of the job(s) for which you have applied?

yes no

If no, please identify those essential functions which you are not able to perform _____

If a minor, can you produce age/work certificate necessary to obtain employment? yes no

Are you related to a Midland student or staff member? yes no

APPLICANT'S STATEMENT

In signing this application, I certify that all of the foregoing information is a complete and accurate statement of the facts and understand that if any misrepresentation, omission or falsification be discovered, it will constitute grounds for dismissal. I hereby authorize you to conduct any investigation necessary concerning any part of my background related to the position I am seeking. I release all parties from any liability in connection with the provision and use of such information.

I understand and agree that, if employed by this organization, I will abide by its rules and regulations which I understand are subject to change. I further understand that, if hired, my employment is for no definite period of time and may be terminated by either party at any time.

Applicant's Signature

Date