

Morris School District

31 Hazel St.

Morristown, NJ 07960

Phone: 973-292-2300 x-2009, Fax: 973-292-2008



Human Resources Application for Employment

Date: _____

Job Posting# _____

CHECK POSITION DESIRED

- | | | |
|--|---|--|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Lunchroom/Playground Aide | <input type="checkbox"/> Security Monitor |
| _____ Bus Driver | _____ Elementary (2 hrs/day) | <input type="checkbox"/> Custodial |
| _____ Bus Aide | | <input type="checkbox"/> Maintenance |

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

EDUCATION (*Check highest level completed.*) High School College

Are you 18 years of age or older: Yes _____ No _____

Have you ever worked for the Morris School District before: Yes _____ No _____

If yes, when and under what name? _____

Do you wish to be on the substitute list? Yes _____ No _____

Names of any relatives currently working in Morris School District and their relationship to you:
(If you do not have any relatives working in Morris School District, list none.)

Are you willing to work nights (**custodial only**)? Yes _____ No _____

Do you have a Black Seal Fireman's License in effect now (**custodial/maintenance only**)? _____

Have you ever been convicted of a crime? If yes, provide details: _____

Are you lawfully permitted to work in the United States: Yes _____ No _____

(If no, please explain) _____

Name: _____

WORK EXPERIENCE

List former employment beginning with the most recent experience first.

1. Name of Company _____ Phone _____
Address _____
Job Title _____
From _____ To _____
Duties _____
Reason for leaving _____ Salary _____
May we contact this employer? _____ (If no, please explain)

2. Name of Company _____ Phone _____
Address _____
Job Title _____
Dates _____ To _____
Duties _____
Reason for leaving _____ Salary _____
May we contact this employer? _____ (If no, please explain)

PROFESSIONAL REFERENCES

List the name and addresses of three (3) professional references

1. Name _____ Phone _____
Address _____
2. Name _____ Phone _____
Address _____
3. Name _____ Phone _____
Address _____

I hereby declare that the information provided by me in this application for employment is true, correct and complete to the best of my knowledge.

Signature **Date**

We are an affirmative action employer. The law protects the rights for equal employment opportunity regardless of race, religious creed, national origin, ancestry, sex, age, marital or veteran status or the presence of a non-job related medical condition or handicap.

Please note: This application will remain active for six (6) months only.