

Rock Brook School

Employment Application

Applicant Information										
Full Name:							Date:			
		Firs	st			Middle		Last		
Address:										
	Street Add	lress							Apartment/Unit	#
	City							State	ZIP Code	
Phone:						PI	none:			
Date Availat	ole:					Email:				
Position App	olied for:									
How did you	about the	e positio	on:							
Are you a ci	tizen of th	e Unite	d State	es?	YES	S NO	If no, are you	authorized to	YES work in the U.S.?	NO
Have you ev	er worked	d for thi	s com	any?	YES	S NO	If yes, when?			
YES NO Have you ever been convicted of a felony?										
If yes, expla	in:									
						Educ	cation			
High School	l:					Location	:			
Did you g	raduate?	YES	NO	Diplom	na::					
College:						Location	<u>:</u>			
Did you g	raduate?	YES	NO	Degr	ee:					
Other:						Location	:			
Did you g	raduate?	YES	NO	Degr	ee:					
			С	ertifica	tions	s & Profe	essional Ass	sociations		

References						
Please list three p	rofessional references.					
Full Name:			Relationship:			
Company:			Phone:			
Address:						
Full Name:			Relationship:			
Company:			Phone:			
Address:						
Full Name:			Relationship:			
Company:			Phone:			
Address:						
	Pre	evious Employment				
P.L. 2018, c. 5 concerns school employees and supplements chapter 6 of Title 18A of the New Jersey Statues. This law prohibits a school district, charter school, nonpublic school, or contracted service provider holding a contract with a school district, charter school or nonpublic school (collectively referred to as "hiring entity") from employing a person serving in a position which involves regular contact with students unless the hiring entity conducts a review of the employment history o of the applicant by contracting former and current employers and requesting information regarding child abuse and sexual misconduct. The applicant must submit this form for all current and former employers within the last 20 years that were school entities or where you were employed in a position that involved direct contact with children. The applicant will submit this completed form to Rock Brook School. Rock Brook School will then contact the current and former						
employers. Please list the most recent work experience first. List all employers from the prior twenty years that were schools or where employment required direct contact with children. This is a requirement by a NJ State law P.L. 2018, c. 5						
Company:			Phone:			
A -1-1			Supervisor:			
Responsibilities: _						
	To:					
Company:			Phone:			
Address:			Supervisor:			
Job Title:	e	email:				
Responsibilities: _						
From:	To:	Reason for Leaving:				

Company:		Phone:				
Address:		Supervisor:				
Job Title:	email:					
Responsibili	ties:					
From:	To: Reason for Leaving:					
Company: Address:		Phone:Supervisor:				
Job Title:	email:					
Responsibili	ties:					
_						
Company:		Phone:				
Address:		Supervisor:				
Job Title:	email:					
Responsibili	ties:					
From:	To: Reason for Leaving:					
Company:		Phone:				
Address:		Supervisor:				
Job Title:	email:					
Responsibilities:						
From:	To: Reason for Leaving:	_				
	Application Acknowledgement and Sign	atura				
Application Acknowledgement and Signature I understand that neither this document, nor any offer of employment from Rock Brook School constitutes an employment agreement unless an employment agreement is executed in writing by Rock Brook School.						
I certify that my answers are true and complete to the best of my knowledge. I authorize Rock Brook School to conduct reference and past employment checks.						
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand that if employed I am required to abide by all the rules and regulations of Rock Brook School. I will also complete a criminal history check with the New Jersey Department of Education.						
Signature:		Date:				

		Application	Certification and Release	
Full Name:				
T dii Name.		First	Middle	Last
Any former name	s by w	hich you have been identifie	ed as:	
Date of Birth:			Last 4 digits of Social Security Number	ər:
Have you ever:				
YES	NO	State licensing agency, la (* unless the investigation	hild abuse or sexual misconduct inves w enforcement agency, or the Depart resulted in a finding that the allegatio or sexual misconduct was not substan	ment of Children and Families ons were false or the alleged
YES	NO	or otherwise separated from	ged, non-renewed, asked to resign froom any employment (1) while allegation or under investigation, or (2) due to a conduct.	ons of child abuse or sexual
YES	NO	while allegations of child a	al license, or certificate suspended, su abuse or sexual misconduct were pen or finding of child abuse or sexual mi	ding or under investigation, or
made in this form to disclose inform termination or der	are tru ation on hial of 00, wh	ue, correct, and complete. I on this form, as required by I employment; may be a viola	certify under penalty understand that willfully providing fals N.J.S.A. 18A:6-7.7 may subject me to ation of N.J.S.A. 2C:28-3; and may be deedings in accordance with the "Penalest Communication of N.J.S.A.	se information or willfully failing discipline up to, and including, subject me to a civil penalty of
release related re	cords	pertaining to the disclosures	ove-named employer(s) to disclose the sidentified above. I understand that bility that may arise of the disclosure of	pursuant to N.J.S.A. 18A:6-7.7
Signature:				Date: