Employment Application for Transportation Department
The SCESC is an Equal Opportunity Employer.

Position(s) applied for: ________________________________________________

The state laws of New Jersey mandate state and federal criminal background checks of all prospective applicants for public school employment and bar employment to persons having a record of conviction in New Jersey or any other state or jurisdiction for disorderly person offenses as defined pursuant to Title 2C of the NJ Statutes, sexual offenses or child molestation (NJS 2C:14-1 et sec) or endangering the welfare of children or incompetents (NJS 2C:214-7).

Successful applicants must acknowledge that they are being hired provisionally subject to the completion of the criminal history background check required by P.O. 1986, C. 116 and that continued employment will be subject to approval of the Department of Education based on the results of the criminal record check.

Full Name ________________________ Date ________________________

Street Address ________________________

City, State, Zip Code ________________________

Mailing Address ________________________

If different from street address ________________________

Home Phone Number ________________________  Cell Phone Number ________________________

Email Address ________________________

Do you have any physical, mental or medical impairment or disability that would limit your job performance in the position for which you are applying?  ☐ Yes  ☐ No

If yes, please explain ______________________________________________________

List Employers In Chronological Order (most recent first):

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<tr>
<th>Job Title</th>
<th>Dates of Employment</th>
<th>Employer</th>
<th>Address</th>
<th>Supervisor</th>
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<th>Reason for leaving</th>
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Professional References (3 required):

Name
Address
Telephone

Name
Address
Telephone

Name
Address
Telephone

Education (list advance education/training below High School):

School Level | Name/Location | Dates Attended | Certificate/Degree Received
--- | --- | --- | ---
High School | | | Years completed (circle one):
1 | 2 | 3 | 4

Do you presently hold a CDL License? ☐ Yes ☐ No *Copy must be provided for employment*
If yes, Class _______________ Endorsements _______________ Restrictions _______________
If yes, expiration date _______________

Do you presently hold a valid Medical Card? ☐ Yes ☐ No *Copy must be provided for employment*

Do you presently hold a valid Certificate of Criminal History Review? ☐ Yes ☐ No *Copy must be provided for employment*

List any accidents you may have had ______________________________________________________________________

Referred to SCESC by: _____________________________________________________________________________

**Agreement**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature ____________________________ Date ______________________