

**DATA SHEET FOR CAREER AND TECHNICAL EDUCATION (CTE) LICENSURE
STATE OF NEW JERSEY
DEPARTMENT OF EDUCATION
OFFICE OF LICENSURE AND CREDENTIALS
PO BOX 500
TRENTON, NJ 08625-0500**

INSTRUCTIONS: TO BE COMPLETED BY THE APPLICANT. TYPE OR PRINT CLEARLY IN INK. ANSWER EACH ITEM. SIGN YOUR NAME AND INSERT DATE ON REVERSE SIDE.

1. APPLICANT INFORMATION:

NAME: (LAST)	(FIRST)	(M.I.)	(MAIDEN NAME)
HOME ADDRESS:			APT.:
CITY:		STATE:	ZIP CODE:
SOCIAL SECURITY NUMBER:	HOME TELEPHONE NUMBER:	WORK TELEPHONE NUMBER:	
CTE LICENSE REQUESTED:			

2. EDUCATION AND TRAINING:

HIGH SCHOOL (NAME AND LOCATION)	COURSE:	DATES ATTENDED: FROM _____ TO _____	DID YOU GRADUATE: <input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE OR UNIVERSITY (NAME AND LOCATION)	MAJOR:	DATES ATTENDED: FROM _____ TO _____	DEGREE AND DATE: _____
	MINOR:		CREDIT HOURS COMPLETED: _____
GRADUATE SCHOOL (NAME AND LOCATION)	MAJOR AREA OF STUDY:	CREDIT HOURS COMPLETED: _____	DEGREE(S) AND DATE(S): _____ _____
	DATES ATTENDED: FROM _____ TO _____		
OTHER FORMAL TRAINING (INCLUDE MILITARY)	DATES ATTENDED: FROM _____ TO _____		COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO
	DESCRIPTION OF TRAINING:		

OVER

3. PREVIOUS EMPLOYMENT: (BEGIN WITH YOUR LAST EMPLOYER FIRST. INCLUDE MILITARY SERVICE) IF NECESSARY, USE ADDITIONAL SHEETS.

NAME AND ADDRESS - PRESENT OR LAST EMPLOYER:	DESCRIBE IN DETAIL YOUR DUTIES (INCLUDE ANY MACHINERY OR EQUIPMENT OPERATED)
NAME AND TITLE OF IMMEDIATE SUPERVISOR:	
TITLE OF YOUR POSITION:	
DATES IN THIS POSITION (MONTH AND YEAR): FROM _____ TO _____ <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME	
NAME AND ADDRESS OF EMPLOYER:	DESCRIBE IN DETAIL YOUR DUTIES (INCLUDE ANY MACHINERY OR EQUIPMENT OPERATED)
NAME AND TITLE OF IMMEDIATE SUPERVISOR:	
TITLE OF YOUR POSITION:	
DATES IN THIS POSITION (MONTH AND YEAR): FROM _____ TO _____ <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME	
NAME AND ADDRESS OF EMPLOYER:	DESCRIBE IN DETAIL YOUR DUTIES (INCLUDE ANY MACHINERY OR EQUIPMENT OPERATED)
NAME AND TITLE OF IMMEDIATE SUPERVISOR:	
TITLE OF YOUR POSITION:	
DATES IN THIS POSITION (MONTH AND YEAR): FROM _____ TO _____ <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME	
NAME AND ADDRESS OF EMPLOYER:	DESCRIBE IN DETAIL YOUR DUTIES (INCLUDE ANY MACHINERY OR EQUIPMENT OPERATED)
NAME AND TITLE OF IMMEDIATE SUPERVISOR:	
TITLE OF YOUR POSITION:	
DATES IN THIS POSITION (MONTH AND YEAR): FROM _____ TO _____ <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME	

4. REFERENCES; LIST BELOW THE NAMES OF AT LEAST THREE PERSONS FROM WHOM WE MAY REQUEST CHARACTER REFERENCES.

NAME/TELEPHONE	ADDRESS	OCCUPATION

I CERTIFY THAT ALL STATEMENTS AND DATA ARE TRUE AND ACCURATE.

APPLICANT SIGNATURE _____ DATE _____