

Private Career School Staff Data Form

Note: A resume is not a substitute for a completed form. For instructors, you must also include proof of successful completion of a curriculum and instruction course offered through an accredited college pursuant to N.J.A.C. 6A:19-7.5(c)5ii. Instructors will not be approved without it.

PERSONAL INFORMATION

Last Name:		First Name:		M.I.		Date:	
Home Address:							
Telephone Number:		E-mail Address:					
Name of Private Career School to Which You Are Applying:							
Private Career School Address:							
Position/Job Title (If you are an instructor, include all subject(s) to be taught):							
Check One <input checked="" type="checkbox"/> :		Full-Time <input type="checkbox"/>		Part-Time <input type="checkbox"/>			

EDUCATION AND TRAINING

High School <small>(Name and Location)</small>	Dates Attended: <small>(From MONTH/YEAR To MONTH/YEAR)</small>

Did you graduate? Please check one : Yes No

Graduate of College or University <small>(Name and Location)</small>	Major	Minor (if applicable)	Completion Dates <small>(From MONTH/YEAR To MONTH/YEAR)</small>

Complete If You Did Not Graduate From College/University:

Name of College/University	Credit Hours Completed	Dates Attended: <small>(From MONTH/YEAR To MONTH/YEAR)</small>

OTHER FORMAL TRAINING (Include Military)

Name and Location of School/Program	Description of Course	Completed Yes <input type="checkbox"/> No <input type="checkbox"/>	Dates Attended <small>(From MONTH/YEAR To MONTH/YEAR)</small>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Licenses, Certifications or Registrations (A copy of each license/certification/registration must be attached):

Title	Identifying Number	Issuing Agency/Authority	Date of Issue

PREVIOUS EMPLOYMENT (Begin with your most recent employer; include military service. All fields are required)

Name and address of your most recent employer:

Duties:	
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Check One : Full-Time Part-Time

Name and title of your immediate supervisor: Dates in this position: From MONTH/YEAR To MONTH/YEAR

Title of your position: Reason for leaving:

Name and address of your previous employer:

Duties:	
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Check One : Full-Time Part-Time

Name and title of your immediate supervisor: Dates in this position: From MONTH/YEAR To MONTH/YEAR

Title of your position: Reason for leaving:

Name and address of your previous employer:

Duties:	
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Check One : Full-Time Part-Time

Name and title of your immediate supervisor: Dates in this position: From MONTH/YEAR To MONTH/YEAR

Title of your position: Reason for leaving:

REFERENCES

List below the names, complete addresses and occupations of three persons to whom you are well known and from whom we may request information concerning your character and personal qualifications.

Name	Address	Telephone Number

Have you ever been convicted of any violation of the law other than minor traffic violations? If your answer is yes, please explain on a separate sheet of paper; include the date, place, offense and final disposition.

Please check one : Yes No

To the best of my knowledge all information in this data form is true and correct.

Signature of Applicant: Date:

I hereby certify that this office has verified the information contained herein and has on file appropriate certificates, references and verification of the stated education and experience of the applicant.

Signature of Owner/Director: Date: