



**MORRIS-UNION JOINTURE COMMISSION**  
340 Central Avenue, New Providence, NJ 07974  
(908) 464-7625  
www.mujs.org

APPLICATION

I wish to be considered for a position as

teacher or therapist

Full-time

Substitute

teacher assistant

Full-time

Substitute

M \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Signature

Name \_\_\_\_\_  
Last First Middle Maiden Name

Present Address \_\_\_\_\_  
Street City State Zip Code

Permanent Address \_\_\_\_\_

Telephone Number Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

*You need not provide your social security number at this time, but it is requested as a convenience to the Commission in assembling personal data relating to your application for employment. You will, however, be required to provide your social security number if you accept an offer of employment. Your social security number will be used to satisfy requirements under the Internal Revenue and Social Security Acts of the United States. Also, the Commission may use your social security number for the purpose of processing a request for criminal history record.*

Have you ever applied for employment with the Morris-Union Jointure Commission? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate \_\_\_\_\_  
month/year

Have you ever been employed by the Morris-Union Jointure Commission?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate dates of employment and position held. \_\_\_\_\_

Are you related to any employee who is currently or who has been employed by the Morris-Union Jointure Commission? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate the employee's name and the nature of your relationship. \_\_\_\_\_

Are you related to any student who is currently or who has been a student at any of the Developmental Learning Centers? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate the nature of your relationship. \_\_\_\_\_

Have you ever been convicted of a violation of law other than a minor traffic offense?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Are you able to satisfactorily perform the essential elements of the position for which you are applying?

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain. \_\_\_\_\_

Type of teaching certificate held? \_\_\_\_\_ Valid in what state? \_\_\_\_\_

Are you under contract? \_\_\_\_\_ If yes, please list your employer's name, address and phone number.

Date of expiration? \_\_\_\_\_ When will you be available? \_\_\_\_\_

Salary received in last teaching or employed position? \_\_\_\_\_

**Educational and Professional Training**

	Name of School or Institution Attended	Did you graduate?					
		Yes	No				
High School							
	Name of School or Institution Attended	Dates Attended		Graduation		Subjects	
		From	To	Date	Degree	Major	Minor
College							
Graduate							
Other Specialized Training							

Total graduate credits beyond Bachelor's Degree \_\_\_\_\_

Give full and accurate data regarding your previous employment (please do not list internships or volunteer work).

**TEACHING EXPERIENCE**  
(Place most recent employment first)

Name of School and Location	Position Held	Dates		No. of Years
		From	To	
Total Number of Years				

## EXPERIENCE OTHER THAN TEACHING

List here all employment experiences other than teaching.

Kind of Work	Dates		Location		Name of Employer	Address of Employer
	From	To	City	State		

REFERENCES – Give three professional references (particularly individuals who have supervised your work) who have first-hand knowledge of your character, personality, scholarship and teaching ability.

Name	Position	Address	Telephone #
1.			
2.			
3.			

May we contact these references? \_\_\_\_\_

Write a paragraph concerning your qualifications to work with students with autism, including any special preparation or experiences you may have had. You may wish to state your views on education or your career aspirations in education.

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Have you ever failed reappointment? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, where? \_\_\_\_\_

State reasons \_\_\_\_\_

Why do you desire to change your position? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify the above information to be an accurate and correct statement of my personal and employment history. I hereby grant permission to the Morris-Union Jointure Commission to contact my previous employers and professional references listed above for verification of information provided in this application. Mail application to:

*Morris-Union Jointure Commission*  
340 Central Avenue, New Providence, NJ 07974  
(908) 464-7625  
[www.muja.org](http://www.muja.org)

Affirmative Action/Equal Opportunity Employer