

REFERENCES

(INCLUDE ONE PERSONAL AND TWO BUSINESS REFERENCES)

NAME/ADDRESS	POSITION	PHONE NUMBER

I hereby authorize the Clementon Board of Education to utilize my social security number to access the New Jersey Department of Education's website to ascertain the status of my certifications.

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any omission or misrepresentation of information shall be sufficient cause for: (1) rejecting my application, (2) withdrawing of any offer of employment, or (3) terminating my employment.

Signature of Applicant

Date

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER-M/F

FOR OFFICE USE ONLY	
Date Received:	Date Interviewed: