



# PROCEDURE

Haddonfield  
Board of Education

SUPPORT STAFF MEMBERS

4111 / Page 1 of 2  
Recruitment, Selection, & Hiring

## **4111 RECRUITMENT, SELECTION, AND HIRING PROCEDURES**

1. The need for a staff member shall be described in writing by the administrator with primary responsibility and forwarded to the Superintendent for approval to begin a search process.
2. Notices of approved vacancies are to be prepared and distributed by the CSA's office for posting within the district and advertised as needed.
3. All applications shall be directed to the CSA's office where they will be filed according to applicant's area of certification and retained for two year from date of receipt.
4. Administrators involved in the search process are to have access to the application files to select candidates for initial screening and interviewing. Candidates interviewed will be rated on the "Rating Form For Interviewers." Reference checks and a personal contact of character references will be completed by the administrator with primary responsibility. Interviewers are to request examples of lesson planning, curriculum development projects, and previous employers' evaluation reports of candidates. Copies of transcripts and evidence of eligibility for certification are required before the candidate is recommended to be interviewed by the CSA. The final candidates shall be placed in rank order with a summary of strengths and deficiencies and forwarded to the CSA for interview and final selection.
5. For each vacancy where a search is being conducted for the positions of Athletic Director, Director of Curriculum and Instruction, Director of Guidance, Principal, and Director of Special Education, the Personnel Committee will convene a Selection Advisory Committee. In each case, the advisory committee will be composed of parents, district staff and other community members chosen by the Personnel Committee. In determining the membership of each advisory committee, the Personnel Committee will consult with the president of the appropriate PTA or CCSLN in choosing parent numbers and the CSA in choosing staff members. As its name suggests, the sole function of the advisory committee will be to give the Board of Education its suggestions and input concerning each of the candidates forwarded to it for consideration by the CSA. In all cases in which at least three candidates are interviewed, the advisory committee will forward three or more candidates to the Board of Education for consideration and will rank the candidates following the selection criteria for the position.

For each vacancy in the positions of Assistant Principal, Teacher, Child Study Team Member, School Nurse, Librarian, Guidance Counselor, and other certificated staff member, the Principal or Director of Special Education will involve parents, staff members and, as he/she deems appropriate, students and others in an advisory selection process in a manner approved by the CSA.

6. The CSA shall recommend the successful candidate to the Board for approval before issuance of a contract. A letter will be sent from the CSA to the successful candidate regarding this recommendation to the Board for employment.



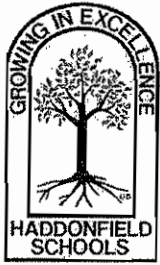
# PROCEDURE

**Haddonfield  
Board of Education**

## **SUPPORT STAFF MEMBERS**

4111 / Page 2 of 2  
Recruitment, Selection, & Hiring

7. The administrator with the last interview contact shall send a letter of appreciation to the candidates for their interest in the district and notify them that the selection process has been completed.
8. A contract of employment for the recommended candidate shall be prepared by the CSA's office and after Board approval, forwarded through the Board office to the Board President for signature.
9. The Board Secretary shall then send the contract to the teacher for signature. The teacher shall sign and return two copies of the contract to the Board office. One copy will be retained in the Board office, the other forwarded to the CSA's office for filing in the new employee's personnel record.



# HADDONFIELD PUBLIC SCHOOLS

## TEACHER APPLICATION

Date \_\_\_\_\_

Name \_\_\_\_\_  
 (Last) (First) (Middle)

Home Address \_\_\_\_\_  
 (Number) (Street) (City/Town) (State) (Zip)

Home Telephone # \_\_\_\_\_ Work Telephone # \_\_\_\_\_

Cell # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Telephone Number Where We Can Reach You to Schedule An Interview \_\_\_\_\_

Date of Availability \_\_\_\_\_ If Experienced, Expected Step \_\_\_\_\_

**LIST IN ORDER OF PREFERENCE THE SUBJECTS, GRADES, OR FIELDS IN WHICH YOU CAN TEACH:**

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

List areas in which you hold New Jersey State Certification:

\_\_\_\_\_

OTHER CERTIFICATIONS: State \_\_\_\_\_ Areas \_\_\_\_\_

If you are not certified: Provide "Statement of Eligibility", Date of NTE, Score on NTE Exam

### EDUCATION

(List High School and Colleges Attended – Most Recent First)

<i>Name &amp; Location</i>	<i>Dates Attended</i>	<i># of Credits</i>	<i>Date of Graduation</i>	<i>Degree Title</i>

### EXPERIENCE

(Include Student Teaching Unless You Have 5 or More Years Teaching Experience)

<i>Dates</i>	<i>Name &amp; Location of Employer</i>	<i>Grade Levels and/or Subjects Taught</i>



NAME \_\_\_\_\_ DATE \_\_\_\_\_

Briefly discuss the greatest challenge(s) you feel educators face today.

## APPLICATION CHECKLIST

This checklist should be attached to the file of all those applying for advertised positions. All of the following items must be included in the packet prior to forwarding it to the Superintendent prior to the final interview.

APPLICANT'S NAME:

POSITION:

\_\_\_\_\_ Application

\_\_\_\_\_ Resume

\_\_\_\_\_ Certificate

\_\_\_\_\_ Transcripts

\_\_\_\_\_ Written Questionnaire

\_\_\_\_\_ Writing Sample

\_\_\_\_\_ Interview with Teacher Selection Committee

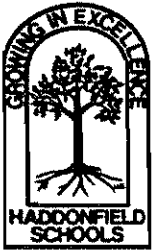
\_\_\_\_\_ Interview with Principal's Selection Committee

\_\_\_\_\_ Reference check made. Letter of recommendation will be sent immediately following decision of the final interview.

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Resume and materials sent to \_\_\_\_\_ on \_\_\_\_\_

Mailed questionnaire on \_\_\_\_\_ Date returned \_\_\_\_\_



# HADDONFIELD PUBLIC SCHOOLS

## SECRETARY APPLICATION

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
(Last) (First) (Middle)

HOME ADDRESS \_\_\_\_\_  
(Number) (Street) (Town) (State) (Zip)

HOME TELEPHONE # \_\_\_\_\_ WORK TELEPHONE # \_\_\_\_\_

TELEPHONE # WHERE WE CAN REACH YOU TO SCHEDULE AN INTERVIEW \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DATE OF AVAILABILITY \_\_\_\_\_

### EDUCATION (List High School, College, Other)

Name and Location	Dates Attended	# of Credits	Date of Graduation	Degree Title

### EXPERIENCE

Dates	Name & Location of Employer	Duties and Responsibilities

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**PROFESSIONAL REFERENCES: List persons able to give information concerning your qualifications for the position you seek.**

Name	Address	Position	Telephone Home/Work (H) (W)
1.			(H) (W)
2.			(H) (W)
3.			(H) (W)
4.			(H) (W)
5.			(H) (W)

**SKILLS EFFICIENCY:**

Typing \_\_\_\_\_ WPM \_\_\_\_\_

Shorthand \_\_\_\_\_ WPM \_\_\_\_\_

Computers/Wordprocessing \_\_\_\_\_

Other Skills \_\_\_\_\_

Other Business Machines \_\_\_\_\_

Are you legally authorized to work in the United States? YES [ ] NO [ ]

Have you ever been convicted of a criminal offense? YES [ ] NO [ ]

Have you ever been asked to resign from a position? YES [ ] NO [ ]

If yes, please explain any of the above. You may also add any additional information which you feel will enhance your qualifications.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you know of any reason why you cannot perform the functions of the job for which you are applying with or without reasonable accommodation? YES [ ] No [ ]

Please describe any accommodations required. \_\_\_\_\_

This application will be kept on file for six months. At that time, it will be discarded unless you contact us to keep it in our active file.

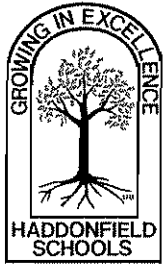
I certify that all of the information provided in this application is true to the best of my belief and knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**RETURN TO: Superintendent of Schools  
One Lincoln Avenue  
Haddonfield, NJ 08033**





# HADDONFIELD PUBLIC SCHOOLS

## EDUCATIONAL ASSISTANT APPLICATION

Date \_\_\_\_\_

Name \_\_\_\_\_  
 (Last) (First) (Middle)

Home Address \_\_\_\_\_  
 (Number) (Street) (City/Town) (State) (Zip)

Home Telephone # \_\_\_\_\_ Work Telephone # \_\_\_\_\_

Cell # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Telephone Number Where We Can Reach You to Schedule An Interview \_\_\_\_\_

Date of Availability \_\_\_\_\_ If Experienced, Expected Step/Salary \_\_\_\_\_

If you hold New Jersey State Certification, please list areas: \_\_\_\_\_

Do you hold Camden County Substitute Certification? YES  NO

### EDUCATION

(List High School and Colleges Attended – Most Recent First)

<i>Name &amp; Location</i>	<i>Dates Attended</i>	<i># of Credits</i>	<i>Date of Graduation</i>	<i>Degree Title</i>

### EXPERIENCE

(Include Student Teaching)

<i>Dates</i>	<i>Name &amp; Location of Employer</i>	<i>Grade Levels and/or Subjects Taught</i>

### RELATED EXPERIENCE

<i>Dates</i>	<i>Name &amp; Location of Employer</i>	<i>Title/Position</i>

**PROFESSIONAL REFERENCES**

(List persons able to give information concerning your qualifications for the position you seek)

<b>Name</b>	<b>Address</b>	<b>Position</b>	<b>Telephone</b>
			(H) (W)
			(H) (W)
			(H) (W)
			(H) (W)
			(H) (W)

**SKILLS EFFICIENCY:**

Typing: \_\_\_\_\_ WPM \_\_\_\_\_ Shorthand: \_\_\_\_\_ WPM \_\_\_\_\_

Computers/Wordprocessing: \_\_\_\_\_

Other Skills: \_\_\_\_\_

Other Business Machines: \_\_\_\_\_

Experience Working with Studens: \_\_\_\_\_

- **Are you legally authorized to work in the United States** YES  NO
- **Have you ever been convicted of a criminal offense?** YES  NO
- **Have you ever been asked to resign from a teaching position?** YES  NO

If yes to any of the above, please explain. You may also add any additional information which you feel will enhance your qualifications.

- **Do you know of any reason why you cannot perform the functions of the job for which you are applying with or without reasonable accommodation?** YES  NO

Please describe any accommodations required: \_\_\_\_\_

This application will be kept on file for six months. At that time, it will be discarded unless you contact us to keep it in our active file.

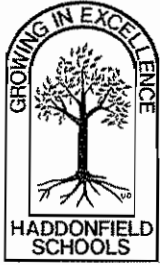
I certify that all of the information provided in this application, attached resumes, transcripts, and certificates is true to the best of my belief and knowledge.

\_\_\_\_\_  
Date Signature of Applicant

RETURN TO: Superintendent of Schools  
Haddonfield Public Schools  
One Lincoln Avenue  
Haddonfield, NJ 08033

**NOTE: APPLICATION MUST BE COMPLETED IN FULL TO BE CONSIDERED.**

*Equal Opportunity Employer*



# HADDONFIELD PUBLIC SCHOOLS

## TUTOR APPLICATION

Date \_\_\_\_\_

Name \_\_\_\_\_  
 (Last) (First) (Middle)

Home Address \_\_\_\_\_  
 (Number) (Street) (City/Town) (State) (Zip)

Home Telephone # \_\_\_\_\_ Work Telephone # \_\_\_\_\_

Cell # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Telephone Number Where We Can Reach You to Schedule An Interview \_\_\_\_\_

Date of Availability \_\_\_\_\_

List In Order of Preference The Subjects, Grades, or Fields In Which You Can Tutor:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

List areas in which you hold New Jersey State Certification:

\_\_\_\_\_

Camden County Substitute Certification for the following: \_\_\_\_\_

Are you interested in tutoring homebound students? \_\_\_\_\_ If yes, please indicate what grade level and/or subjects you would like to tutor. \_\_\_\_\_

### EDUCATION

(List High School and Colleges Attended – Most Recent First)

Name & Location	Dates Attended	# of Credits	Date of Graduation	Degree Title

### EXPERIENCE

(Include Student Teaching)

Dates	Name & Location of Employer	Grade Levels and/or Subjects Taught

**RELATED EXPERIENCE**

<i>Dates</i>	<i>Name &amp; Location of Employer</i>	<i>Title/Position</i>

**PROFESSIONAL REFERENCES**

(List persons able to give information concerning your qualifications for the position you seek)

<i>Name</i>	<i>Address</i>	<i>Position</i>	<i>Telephone</i>
			(H) (W)
			(H) (W)
			(H) (W)
			(H) (W)
			(H) (W)

**SUBMIT COPIES OF OFFICIAL COLLEGE TRANSCRIPTS with evidence of at least 90 hours of college credits.**

**MY CREDENTIALS ARE ON FILE AT:** \_\_\_\_\_

- **Are you legally authorized to work in the United States** YES  NO
- **Have you ever been convicted of a criminal offense?** YES  NO
- **Have you ever been asked to resign from a teaching position?** YES  NO

If yes to any of the above, please explain. You may also add any additional information which you feel will enhance your qualifications.

- **Do you know of any reason why you cannot perform the functions of the job for which you are applying with or without reasonable accommodation?** YES  NO

**Please describe any accommodations required:** \_\_\_\_\_

**This application will be kept on file for six months. At that time, it will be discarded unless you contact us to keep it in our active file.**

**I certify that all of the information provided in this application, attached resumes, transcripts, and certificates is true to the best of my belief and knowledge.**

\_\_\_\_\_  
**Date** \_\_\_\_\_  
**Signature of Applicant**

**RETURN TO:** Superintendent of Schools  
Haddonfield Public Schools  
One Lincoln Avenue  
Haddonfield, NJ 08033

**NOTE: APPLICATION MUST BE COMPLETED IN FULL TO BE CONSIDERED.**

*Equal Opportunity Employer*



**HADDONFIELD PUBLIC SCHOOLS**  
Department of Buildings & Grounds  
555 Centre Street  
Haddonfield, New Jersey 08033  
Phone: (856) 429-0183 Fax: (856) 795-7402

**EMPLOYMENT APPLICATION**

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
Last First Middle

TELEPHONE NO. ( ) \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
No. Street City State Zip

DATE OF AVAILABILITY \_\_\_\_\_

**EDUCATION**

INSTITUTION ATTENDED	NAME AND LOCATION	DATES	NO. OF CREDITS	DIPLOMA
High School				
College				
Other				

**EXPERIENCE**

DATES	NAME AND LOCATION OF EMPLOYER	DUTIES AND RESPONSIBILITIES

**EMPLOYMENT APPLICATION**

**PROFESSIONAL REFERENCES:** List persons able to give information concerning your qualifications for the position you seek.

	NAME	ADDRESS	TELEPHONE	POSITION
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

**SKILLS EFFICIENCY:**

Areas of Strength: \_\_\_\_\_  
\_\_\_\_\_

Other Skills: \_\_\_\_\_  
\_\_\_\_\_

- Do you have a boiler license?..... Yes  ..... No   
Are you legally authorized to work in the United States? ..... Yes  ..... No   
Have you ever been convicted of a criminal offense?..... Yes  ..... No   
Have you ever been asked to resign from any position?..... Yes  ..... No

If yes, please explain any of the above. You may also add any additional information, which you feel will enhance your qualifications:

\_\_\_\_\_  
\_\_\_\_\_

Do you know of any reason why you cannot perform the functions of the job for which you are applying with or without reasonable accommodation? ..... Yes  ..... No

- Custodian       Grounds Person       Maintenance/Mechanic

Please describe any accommodations required:

\_\_\_\_\_  
\_\_\_\_\_

This application will be kept on file for one year. At that time, it will be discarded unless you contact us to keep it in our active file.

I certify that all of the information provided in this application is true to the best of my belief and knowledge.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

RETURN TO:      Director of Buildings & Grounds  
                         Haddonfield Board of Education  
                         555 Centre Street  
                         Haddonfield, NJ 08033

**An Equal Opportunity Employer**