

**DATA SHEET FOR CAREER AND TECHNICAL EDUCATION (CTE) LICENSURE  
STATE OF NEW JERSEY  
DEPARTMENT OF EDUCATION  
OFFICE OF CERTIFICATION AND INDUCTION  
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:**

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

**2. EDUCATION AND TRAINING:**

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

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 \_\_\_\_\_