



The Gifted Child Society
 70 Hilltop Road, Suite 3015
 Ramsey, New Jersey 07446-1155

Phone 201.444.6530
 Fax 201.444.9099
www.gifted.org
 admin@gifted.org

TGCS Employment Application

I am a New Returning Employee Original Hire Date ___/___/___

Last Name _____ First Name _____ Date ___/___/___

Choose all the TGCS Programs for which you would like to be considered for employment:

- Saturday Workshop Spring, 10 Saturday Mornings 9:30AM – 12:30PM, **Late Feb/Early March – Mid May**
- Summer Super Stars Camp STEAM, Mon-Fri 8:30AM – 4:00PM, **Late June/Early July – Early August**
- Saturday Workshop Fall, 10 Saturday Mornings 9:30AM – 12:30PM, **Late Sept/Early Oct – Mid Dec**

Address _____ Apt. _____ City _____ State _____ Zip _____

Email _____ Cell # _____ Home Phone _____

How did you first become affiliated with TGCS? _____

Are you a TGCS graduate? If so, at what age did you first start with TGCS? _____

List your part-time or full-time employment in the past three years, other than with TGCS - List each organization name, position held, and dates worked:

Educational Background – List all degrees you hold and your graduation years:

Degree: _____ Major/Minor: _____ Year Received/Matriculated: _____

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List any additional education/unique skills/character qualities you have that you may contribute to TGCS:

Choose age groups that you have experience working with: Choose age groups with which you would prefer working:

- Pre-K and K
- Grades 1-5
- Grades 6-8

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Have you ever been convicted of a crime? Yes No

If yes, explain _____

I certify that the above information is accurate and complete. I understand that this form is an application and not a contract of employment. I understand that my employment is contingent upon a completion of a background check and completion of code of ethics/confidentiality forms provided by TGCS. I understand I may be terminated at any time if I violate the policies of TGCS.

Print Name _____

Signature _____ Date ___/___/___

Email form with your resume to: admin@gifted.org