

**Downe Township Board of Education
Employment Application for
Support or Substitute Personnel**

Social Security No. _____ Date _____

Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number (home) _____ (other) _____

POSITION APPLIED FOR

Check (✓) _____ Full Time _____ Part Time _____ Substitute

Check (✓) _____ Aide _____ Cafeteria _____ Custodian _____ Medical Van Aide

 _____ Nurse _____ Office Aide _____ Teacher _____ Van Driver

This application should be returned to:

DOWNE TOWNSHIP BOARD OF EDUCATION

Administrative Office

220 Main Street

Newport, NJ 08345

Phone: (856) 447-3878 Fax: (856) 447-5130

www.downeschool.org

FOR OFFICAL USE ONLY

Interview Date _____

Start Date _____

Interviewer _____

Step on Guide _____

Contract Salary _____

Credentials Needed _____

EDUCATION

TYPE OF SCHOOL	NAME AND ADDRESS
High School	
College	
Post Graduate	
Business or Trade	
Other	

Highest Diploma or Degree Earned _____ Credits Beyond Highest Degree _____

CERTIFICATION AND SALARY

Teaching Certificate _____
(Regular, Certificate of Eligibility, Certificate of Advanced Standing, Provisional, Emergency)

Substitute Teacher Certificate _____ Expiration Date _____

Salary you would accept _____

When can you start working? _____

Have you ever been convicted of a crime in New Jersey or any other States? _____

Have you any physical disability that would prevent you from doing your job? _____

WORK EXPERIENCE

List below all present and past employment, beginning with your most recent.

Position or Type of Work	Name and Address of Employer	Dates from- to	No. of Yrs.	Reason for Leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

May we contact the employers listed above? _____ If not, indicate NO next to the one(s) you do not wish us to contact.

REFERENCES

Name and Occupation	Address	Phone

I hereby certify that the information herein is a true and complete statement of my personal and professional records to date. I am aware that any falsification on this application will constitute grounds for immediate dismissal.

Signature _____