

Millburn Township Public Schools
Millburn, New Jersey

Date: _____

LUNCHTIME AIDE APPLICATION

NAME _____ PHONE _____ SSN# _____

ADDRESS _____

EMAIL ADDRESS: _____

EDUCATIONAL BACKGROUND

School	No. Yrs.	From	To	Graduated
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT EXPERIENCE (List last place of employment first)

Employer	From	To	Salary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES (persons who supervised you in employment)

Name	Address	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

Use reverse side to list any qualifications or experience you may have which might prepare you for this position.

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap. A medical exam by our physician is required before employment.

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I further certify that no investigation has been conducted or was pending at the time of separation from any previous employment with regard to sexual misconduct and or sexual molestation. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, including references and prior employment contracts. In the event of employment, I understand that false or misleading information given in my application or interview(s) will result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Millburn Township Public Schools.

Signature _____ Date _____

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER M/F/V/H