



WOODBIDGE TOWNSHIP SCHOOL DISTRICT

WOODBIDGE, NEW JERSEY 07095

An Equal Opportunity Employer

APPLICATION FOR SUBSTITUTE GUIDANCE COUNSELOR POSITION

Please print or type.

NAME: _____

DATE: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____

HOME ADDRESS: _____

SOCIAL SECURITY NO.: _____

TELEPHONE NO.: _____

(Town)

(State)

(Zip)

EDUCATION

NAME & LOCATION:

GRADUATION DATE:

HIGH SCHOOL:		
COLLEGE/OTHER:		

WORK EXPERIENCE

NAME OF EMPLOYER:

DATES:

LOCATION:

TYPE OF WORK:

1.			
2.			
3.			

SPECIAL DATA

Have you ever been convicted of a misdemeanor or felony? _____

PERSONAL REFERENCES

(Please list only names of people who have definite knowledge of your training and work experience.)

NAME:

PHONE NUMBER:

RELATIONSHIP:

1.		
2.		
3.		

All of the information contained in this application is true and correct to the best of my knowledge.

Signature

FOR OFFICE USE ONLY

(Return to the HUMAN RESOURCES OFFICE, P.O. Box 428, School Street, Woodbridge, New Jersey 07095)

Application Rec'd: _____

References Contacted: _____

Reference Letters Rec'd _____

Date of Board Meeting: _____

Interview Date: _____

Time: _____

Salary: _____

Assignment: _____

Replacing: _____

Beginning: _____