



WOODBIDGE TOWNSHIP SCHOOL DISTRICT

WOODBIDGE, NEW JERSEY 07095

An Equal Opportunity Employer

APPLICATION FOR SCHOOL HEALTH AIDE POSITION

Please print or type.

NAME _____

DATE _____

ADDRESS _____

TELEPHONE NO. _____

(Town) _____ (State) _____ (Zip) _____

SOCIAL SECURITY NO. _____

EDUCATION

	NAME & LOCATION	GRADUATED
High School		
College/Other		

WORK EXPERIENCE

	NAME OF FIRM/OFFICE	DATES	LOCATION	TYPE OF WORK
1.				
2.				
3.				

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	ADDRESS	RELATIONSHIP
1.			
2.			
3.			

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

Signature

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

FOR OFFICE USE ONLY

Application Rec'd _____
References Contacted _____
Reference Letters Ret'd _____
Date of Board Meeting _____

Interview Date: _____
Time: _____

Salary _____
Assignment _____
Replacing _____
Beginning _____