CERTIFICATED SUBSTITUTE EMPLOYMENT APPLICATION

MONROE TOWNSHIP SCHOOL DISTRICT
423 Buckelew Avenue
Monroe Township, New Jersey 08831

732-521-2111   **Fax: 732-521-2719**

NAME:_____
             Last   First   Middle

ADDRESS:_____
             Number/Street   City/State   Zip Code

TELEPHONE:_____

DATE OF BIRTH:_____ **SOCIAL SECURITY NUMBER:**_____

EMAIL ADDRESS:_____

ARE YOU CITIZEN OF THE UNITED STATES?   _____YES   _____NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME?   _____YES   _____NO

IF YES, PLEASE EXPLAIN:_____

HAVE YOU COMPLETED THE FINGERPRINTING PROCESS IN ANOTHER DISTRICT? ___YES   ___NO

IF YES, HAVE YOU BEEN CONTINOUSLY EMPLOYED BY THAT DISTRICT?   ___YES   ___NO

CERTIFICATION INFORMATION:

Type of Certificate held:_____ **Date Issued:**_____

If you hold a NJ teaching certification, please indicate content:_____

_____

PREFERRED LEVEL(S) TO SUBSTITUTE:

Check all that apply:

- ❏ **High School (Grades 9-12)**
- ❏ **Middle School (Grades 6-8)**
- ❏ **Elementary Schools (Grades PK-5)**

EDUCATION

Education	Name and Location	Major	Dates of Attendance	Credits
Undergraduate College/University				
Graduate College/University				

TEACHING EXPERIENCE   (List most recent first)

Name of School	Complete Mailing Address	Subject/Grade	Dates	Principal

PROFESSIONAL/PERSONAL REFERENCES (no family)
(Please list FOUR people who have firsthand knowledge of you or your work experience)

Name	Complete Mailing Address and Telephone Number	Position/Relationship

Four references will be contacted to complete the application process

WORK EXPERIENCE OTHER THAN TEACHING

Name of Employer	Complete Mailing Address	Position Held	Dates Employed	Full/Part time

MILITARY SERVICE

Branch of Service	Highest Rank Rating	Dates of Service

In your own handwriting, list your civic activities, service organizations, or any other pertinent information you wish to mention.

_____   _____
                    Signature   Date

AN EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER