

GREEN TOWNSHIP SCHOOL DISTRICT

Box 14, GREENDELL, NEW JERSEY 07839

(973) 300-3800 / FAX (973) 383-0594

APPLICATION FOR LUNCHROOM AIDE

Name of Applicant: _____

Address: _____
Street City State Zip

Telephone #: _____ Social Security Number: _____

Email Address: _____

Health Status: excellent ___ good ___ fair ___ poor ___ Date of Birth: _____

Have you any physical disabilities? Yes _____ No _____

If yes, state particulars: _____

Are you a United States citizen? Yes _____ No _____

Formal Education – indicate highest grade completed:
Elementary _____ High School _____ College _____ Trade School _____
Other _____

Previous Experience: _____

Previous Employer: _____

References, including address and telephone number:

1. _____

2. _____

3. _____

Have you ever worked with children? In what capacity? _____

What special interests/hobbies/skills might be applicable to this job? _____

Applying for: Full Time _____ Part Time _____ Substitute _____