

SUBSTITUTE TEACHERS

**WEST LONG BRANCH PUBLIC SCHOOLS
WEST LONG BRANCH, NEW JERSEY**

Name: _____ Date: _____

Street Address: _____

City/State/Zip: _____

Telephone Number: _____ Social Security #: _____

EDUCATION BACKGROUND

	School Name	Graduated (Yes/No)
High School		
College		
College Credits only		Number of Credits: Major:
Other Training: Vocational, Technical or Trade School		

EMPLOYMENT RECORD

Starting with your present, or most recent, employment, please complete the section below. Include self-employment, part-time and summer jobs.

Company Name/Location:
Type of Work Performed:
Dates of Employment:
Reason for Leaving Employment:

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EXPERIENCES WORKING WITH CHILDREN

Please indicate any experiences, paid or volunteer, which you have had working with children.

Type of Experience:
Paid or Volunteer:
Dates of Experience:

Type of Experience:
Paid or Volunteer:
Dates of Experience:

Type of Experience:
Paid or Volunteer:
Dates of Experience:

REFERENCES

Please list the names, addresses and phone numbers of three people who would have knowledge of your character and/or work visits. These persons must not be related to you.

Name	Address	Phone	Relationship
1.			
2.			
3.			