Please return completed application to:Superintendent's Office

AUDUBON PUBLIC SCHOOLS

350 Edgewood Avenue Audubon, NJ 08106 lcrea@audubonschools.org

856-547-7695

EMPLOYMENT APPLICATION

1. Applicant I	nformation:	
a. Full Name:		
(Middle)	(Last) (First	st)
b. Address:		
and Zip)	(City)	(State
c. Social Securi	ty #:	
d. Date of Birth	: /	
d. Contact Info	()	
(Home Phone #) e. E-Mail Addre	(Cell Phone#)	
f. Any Physical	Limitations?	
g. Race (Please ☐ White	e check one) Black or African American	ndian/Alaskan
□ Hispanic	☐ Hawaiian native/other Pacific	
2. Professiona	al Data:	
a. Type of New	Jersey Certificate(s) held: (Please attach a co	py).
b. Expiration d	ate of present contract:	
c. Date availab	le for employment:	

3. Additional Information:					
Please attach to this application	any info	rmation pertaining to:			
a. Educational and professional	training	(attach official transcript)		
l. Work Experience: All wo	rk experi	ence (in chronological or	der starting with	present position).	
Name and Address		Dates of Employment	Position	osition Salary	
5. References: (Three profess	ional and	l two personal).			
NAME		ADDRESS		PHONE	
1.					
2.					
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3.					
3. 4.					
3.					
3.4.5.					
3.4.5.	en on this	s application is correct to	the best of my ki	nowledge.	
3.4.	en on this	s application is correct to	the best of my ki	nowledge.	