

VERNON TOWNSHIP PUBLIC SCHOOLS
539 ROUTE 515 - PO BOX 99 – VERNON, NJ 07462

APPLICATION FOR CAMPUS MONITOR EMPLOYMENT

_____-_____-_____
Social Security Number

Date: _____

Last Name First Name MI Phone Number

Mailing Address City State Zip Code

Street Address (if different than above)

How long have you lived at this address?	Who referred you to this school system?
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Person to be notified in case of emergency:

Name Address Phone Number

Have you ever been convicted of a crime that bears any relationship to public school employment? Yes _____ No _____ If yes please explain:

Highest grade completed: 0 1 2 3 4 5 6 7 8 9 10 11 12 above _____

Are you either a U.S. citizen or a permanent resident alien? Yes _____ No _____

MILITARY/POLICE EXPERIENCE:

Branch of service _____ Highest Rank _____
