

**The Brookside School**  
2135 Route 35, Sea Girt, NJ 08750  
732/449-4747

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

CONDITION OF HEALTH \_\_\_\_\_ ALLERGIES \_\_\_\_\_

POSITION(S) FOR WHICH YOU ARE APPLYING: \_\_\_\_\_ TEACHER of GRADES \_\_\_\_\_

\_\_\_\_\_ TEACHER'S AIDE \_\_\_\_\_ SUMMER CAMP COUNSELOR \_\_\_\_\_ OTHER \_\_\_\_\_

TITLE & GRADE OF CERTIFICATE YOU HOLD (IF ANY): \_\_\_\_\_

INSTRUMENTS YOU PLAY \_\_\_\_\_

HOBBIES \_\_\_\_\_

CIRCLE ANY OF THE FOLLOWING IN WHICH YOU CONSIDER YOURSELF PROFICIENT:

SWIMMING	ARTS & CRAFTS	COMPUTERS
HORSEMANSHIP	TENNIS	SPORTS
MUSIC/ DRAMA	FOREIGN LANGUAGE	OTHER _____

LIST YOUR ACTIVITIES WHILE AT SCHOOL \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

EDUCATION

HIGH SCHOOL \_\_\_\_\_ DATES \_\_\_\_\_

COLLEGE \_\_\_\_\_ DATES \_\_\_\_\_

OTHER \_\_\_\_\_ DATES \_\_\_\_\_

CIRCLE SPECIAL CERTIFICATES, LICENSES, OR APPROVALS:

WSI, LIFESAVING, COMMERCIAL DRIVER'S LICENSE, FIRST AID, CPR, RN, LPN, EMT

OTHER: \_\_\_\_\_

DO YOU HAVE CHILDREN WHO WOULD ATTEND BROOKSIDE? \_\_\_\_\_

HAVE YOU EVER BEEN CHARGED OR CONVICTED OF ANY CRIME? \_\_\_\_\_

IF YES, PLEASE EXPLAIN \_\_\_\_\_

(OVER)

TOTAL YEARS OF TEACHING YOUNG CHILDREN: \_\_\_\_\_

TEACHING/CAMP EXPERIENCE

SCHOOL	_____	YEARS	_____	GRADE	_____
	_____	YEARS	_____	GRADE	_____
	_____	YEARS	_____	GRADE	_____

OTHER WORK EXPERIENCE

PLACE OF EMPLOYMENT/ADDRESS	POSITION	YEARS
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_____		
_____		
_____		

PRESENT SALARY \_\_\_\_\_ EXPECTED SALARY \_\_\_\_\_

WHEN COULD YOU BEGIN WORK? \_\_\_\_\_

(IF SUMMER CAMP) UNTIL WHAT DATE ARE YOU AVAILABLE TO WORK \_\_\_\_\_

IF ELECTED AND CONDITIONS PROVE SATISFACTORY, WOULD YOU PLAN TO WORK  
HERE FOR AT LEAST TWO YEARS? \_\_\_\_\_

DO YOU HOLD A NJ DRIVER'S LICENSE? \_\_\_\_\_ # \_\_\_\_\_

ARE YOU WILLING TO APPLY FOR YOUR CDL BUS LICENSE? \_\_\_\_\_

REFERENCES (LOCAL)

NAME

PHONE

1.

2.

3.

REMARKS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HEREBY DECLARE THE INFORMATION PROVIDED BY ME IN THIS APPLICATION IS  
TRUE, CORRECT AND COMPLETE, TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND  
THAT IF EMPLOYED, ANY MISSTATEMENT OR OMISSION OF FACT ON THIS APPLICATION  
SHALL BE CONSIDERED CAUSE FOR DISMISSAL.

SIGNATURE: \_\_\_\_\_