

**STAFFORD TOWNSHIP  
EDUCATION FOUNDATION**

**Return By Mail To:** Attn.: Director's Office  
25 Pine Street, Suite 100  
Manahawkin, NJ 08050

**Return In Person To:** Attn.: Director  
c/o Stafford Twp. Arts Center  
1000 McKinley Avenue  
Manahawkin, NJ 08050



**REGULAR  
EMPLOYMENT APPLICATION FOR:**

**POSITION FOR WHICH YOU ARE APPLYING:**

\_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ SS# \_\_\_\_\_

Have you ever worked or been educated under another name? \_\_\_\_\_

Are you related to any employee of Stafford Township School District? \_\_\_\_\_

Have you ever been employed by the Stafford Township Board of Education? \_\_\_\_\_

If so, in what capacity? \_\_\_\_\_

Have you been previously employed by the Stafford Township Education Foundation? \_\_\_\_\_

If so, in what capacity and when? \_\_\_\_\_

Do you know of any reason why you cannot perform this job? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Do you presently hold a valid NJ driver's license? \_\_\_\_\_

(If yes, please provide original if applying for bus driver position)

Have you ever had your license revoked? \_\_\_\_\_ Explain: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Explain: \_\_\_\_\_

List any military service (# of years and branch) \_\_\_\_\_

Date last vaccinated: \_\_\_\_\_ Date of last TB test: \_\_\_\_\_

When could you begin work? \_\_\_\_\_

List any special skills/licenses/ certifications: \_\_\_\_\_

\_\_\_\_\_

**EQUAL OPPORTUNITY EMPLOYER**

**EMPLOYMENT RECORD**

List all positions held for the past five years beginning with the present

Date                      Employer    Position    Salary

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**EDUCATION RECORD**

Name of School                      Location    Year    Highest Level Completed

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**REFERENCES**

Name                      Address    Phone    Position or Relation

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***Additional Comments:*** \_\_\_\_\_  
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*I hereby certify that all information submitted is true and correct to the best of my knowledge.*

\_\_\_\_\_  
Signature