Manasquan Board of Education 169 Broad Street, Manasquan, New Jersey 08736

PARAPROFESSIONAL APPLICATION

				Date of interview
١.	Name			(leave blank)
	Name	(last name)	(first name)	(middle or maiden name)
2.	Address			
3.	Telephor	ne number		
1.	Social Se	ecurity number		
5.	Educatio	n and training:		
		Name of school	Location	Year graduated or year(s) attended
		Elementary school:		
		High school:		
		College:		
		Other:		
6.	Experien	ce (particularly as it relate	es to working with children):	
7.	Areas of	interest for employment ((check one or more):	
	Lunchroom supervision		Elementary	High School
	Playg	round supervision, eleme	entary	
	Study	hall, high school		
	Markii	ng and/or grading tests		
	Worki	ng with handicapped chil	dren	

Name	Address	
ditional comments (if ar	ny):	

8.

9.

Return this application to:
Office of The Superintendent
Manasquan Public School District
169 Broad Street
Manasquan, NJ 08736

★ * The Manasquan Public School District is an equal opportunity employer. * *