

JAL PUBLIC SCHOOLS

P.O. BOX 1386

JAL, NM 88252

PHONE (575) 395-2101 FAX (575) 395-2146

Application for Teacher Aide

This application for employment will be inactive after 90 days.

If you want to be considered after that time, you must complete a new application for employment.

Name: _____ Social Security No.: _____
 Last First Middle

Address: _____ Telephone: _____

EDUCATION:

<u>High School or College</u>	<u>Dates Attended</u>	<u>Degree or Semester Hours</u>

WORK EXPERIENCE:

Typing Experience: Yes ____ No ____ Computer Experience: Yes ____ No ____

<u>Employer</u>	<u>Years</u>	<u>Reason for Leaving</u>

REFERENCES:

<u>Name</u>	<u>Address</u>	<u>Telephone</u>

If you were employed, when could you begin work? _____

