

EAST PROVIDENCE SCHOOL DEPARTMENT  
80 Burnside Avenue  
E. Providence, RI 02915

JACQUELINE FORBES  
Superintendent of Schools

BUS MONITOR  
APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

EDUCATIONAL PREPARATION (list number of years completed)

HIGH SCHOOL: \_\_\_\_\_ COLLEGE: \_\_\_\_\_ OTHER: \_\_\_\_\_

YEAR LAST ATTENDED: \_\_\_\_\_

PREVIOUS WORK EXPERIENCE: (Please include the past 5 years at a minimum):

COMPANY	POSITION	DATES OF EMP.	REASON FOR LEAVING
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Please describe any activities or experience you have working with children:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide three (3) letters of reference with your application. (These references may not be relatives.) Please list names and addresses of these references:

\_\_\_\_\_

\_\_\_\_\_

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