

DATE _____

HARLAN INDEPENDENT SCHOOL SYSTEM

APPLICATION FOR SCHOOL FOOD SERVICE EMPLOYMENT

PERSONAL DATA:

LAST FIRST MIDDLE

MAILING ADDRESS CITY STATE ZIP

RESIDENCE ADDRESS CITY STATE

TELEPHONE NUMBER SOCIAL SECURITY NUMBER

IN CASE OF EMERGENCY, LIST NAME AND TELEPHONE NUMBER OF PERSON(S) TO CONTACT. INDICATE ANY WHO ARE RELATED TO YOU.

NAME PHONE

APPLYING FOR POSITION AS:

COOK _____ MANAGER _____ SECRETARY _____ OTHER _____

APPLYING FOR: REG/FULL-TIME _____ REG/PART-TIME _____

WOULD YOU BE INTERESTED IN SUBSTITUTING FOR AN ABSENT COOK _____

CONDITION OF HEALTH DURING LAST TWO YEARS _____

ANY DEFECTS IN SIGHT OR HEARING? _____

HAVE YOU IN THE PAST, EVER BEEN TREATED FOR:

BACK PROBLEMS _____ DIABETES _____

LUNG CONDITION _____ HEART CONDITION _____

ALLERGIES _____

PLEASE EXPLAIN ANY ABOVE ANSWERED YES _____

DID YOU GRADUATE FROM HIGH SCHOOL? _____ G.E.D.? _____ IF NOT, WHAT WAS THE HIGHEST GRADE YOU COMPLETED? _____

HAVE YOU HAD ANY FOOD SERVICE, SECRETARIAL, BOOKKEEPING, OR OTHER SPECIALIZED TRAINING? _____ IF SO, WHAT WAS THE NATURE OF THE TRAINING? _____

WHERE DID YOU RECEIVE THE TRAINING? _____
 DID YOU RECEIVE A CERTIFICATE? _____
 DO YOU DRIVE? _____ DO YOU TYPE? _____
 HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____
 IF YES, PLEASE EXPLAIN. _____

WORK EXPERIENCE INFORMATION:

REFERENCES: THESE SHOULD BE PERSONS QUALIFIED TO ANSWER QUESTIONS CONCERNING YOUR FITNESS FOR THE POSITION YOU SEEK. INDICATE ANY WHO ARE RELATED TO YOU.

NAME	OCCUPATION	HOME PHONE
MAILING ADDRESS	PLACE OF EMPLOYMENT	
NAME	OCCUPATION	HOME PHONE
MAILING ADDRESS	PLACE OF EMPLOYMENT	

PLEASE COMPLETE THE FOLLOWING INFORMATION RELATING TO YOUR LAST TWO EMPLOYERS, PLUS CURRENT EMPLOYER.

NAME OF PRESENT EMPLOYER _____ MAILING ADDRESS _____
 HOW LONG HAVE YOU WORKED THERE? _____ OCCUPATION _____
 REASON FOR LEAVING EMPLOYER _____
 DATE OF EMPLOYMENT _____
 MAY THIS EMPLOYER BE CONTACTED FOR REFERENCE INFORMATION? _____
 IF NO, WHY? _____

NAME OF LAST EMPLOYER _____ MAILING ADDRESS _____
 HOW LONG WERE YOU EMPLOYED? _____ OCCUPATION _____
 REASON FOR LEAVING EMPLOYER _____
 DATE OF EMPLOYMENT _____
 MAY THIS EMPLOYER BE CONTACTED FOR REFERENCE INFORMATION? _____
 IF NO, WHY? _____

NAME OF (OTHER) LAST EMPLOYER _____ MAILING ADDRESS _____
 HOW LONG WERE YOU EMPLOYED? _____ OCCUPATION _____
 REASON FOR LEAVING EMPLOYER _____
 DATE OF EMPLOYMENT _____
 MAY THIS EMPLOYER BE CONTACTED FOR REFERENCE INFORMATION? _____
 IF NO, WHY? _____

ADD ANY ADDITIONAL INFORMATION: _____

SIGNATURE

DATE

IF YOU ARE HIRED FOR A POSITION IN THE SCHOOL CAFETERIA, YOU WILL BE REQUIRED TO SUBMIT TB TEST RESULTS AND A MEDICAL EXAMINATION REPORT UPON YOUR FIRST DAY OF WORK. HAIR NETS ARE A HEALTH DEPARTMENT REQUIREMENT.

THANK YOU.

THIS APPLICATION WILL BE KEPT FOR ONE SCHOOL YEAR. IF YOU WISH IT TO BE KEPT LONGER PLEASE CONTACT THIS OFFICE.