

PARKVIEW SCHOOL DISTRICT

APPLICATION FOR EMPLOYMENT (FOOD SERVICE)

Name (First, Middle, Last)	Position Applying for:	Date
Mailing Address	Home Telephone Number: Cell Telephone Number:	Social Security Number

EDUCATION

Start Date	End Date	School	Location	Course	Degree/Diploma

EMPLOYMENT HISTORY

Chronological - Most recent first

From Month/Year	To Month/Year	Employer Name and Address	Name of Immediate Supervisor and Telephone Number	Duties and Responsibilities

Skills

(Check those that apply to you)

Drive Delivery Van _____	Operate cash register _____	Sell Lunch/Milk Tickets _____	Operate Commercial Cooking Equipment _____
Operate Commercial Baking Equipment _____	Other (Please Describe) _____		

Please list the name of three individuals, not previously listed,
who know of your work and qualifications.

References

Name:	Title:
Organization:	Telephone Number:
Address: (Street) (City) (State) (Zip)	
Name:	Title:
Organization:	Telephone Number:
Address: (Street) (City) (State) (Zip)	
Name:	Title:
Organization:	Telephone Number:
Address: (Street) (City) (State) (Zip)	

Availability

Date available to work? _____ Are you willing to work as a substitute? Yes _____ No _____
 Available days per week _____ Time of Day _____
 Available hours per week _____ Can you work at any school in the District? Yes _____ No _____
 (If no, at which schools are you available to work?) Parkview Jr/Sr High _____ Orfordville _____ Footville _____ Newark _____

Comments: (Include any description of your experience or talent which you believe will contribute to your success in the position for which you are applying; Describe any physical limitations)

I certify I fully understand the contents of this application and that the answers given by me are true and correct without omissions. I agree that the District shall not be held liable in any respect if I am denied employment or terminated following employment if it is verified that I submitted false statements and/or omitted substantive information.

Signature of Applicant

Date

The Parkview School District does not discriminate on the basis of age, race, sex or sexual orientation, marital status, handicap, national origin, creed, arrest or conviction record or any other reason prohibited by state or federal law.

Background Check

**THE PARKVIEW SCHOOL DISTRICT CONDUCTS BACKGROUND CHECKS
ON ALL ADULT EMPLOYEES.**

⇒ Do we have your permission to do a background check on you? Yes _____ No _____

Social Security # _____ *Date of Birth _____ *Race _____

***This information will be used only for the purpose of the background check. It will not be considered for employment.**

⇒ Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____

(If "Yes," please provide an explanation in an attachment statement.)

****A conviction will not be an automatic bar to employment and will be considered only as it relates to the job in question.**

⇒ Do you have any charge(s) pending against you? Yes _____ No _____

(If "Yes", please provide an explanation in an attached statement.)

****A pending charge or arrest is not an automatic bar to employment and will be considered only as it relates to the job in question.**

I certify I fully understand that by signing below, I am giving permission for the Parkview School District to conduct a background check on me. The answers given by me are true and correct without omissions. I agree that the District shall not be held liable in any respect if I am denied employment or terminated following employment if it is verified that I submitted false statements and/or omitted substantive information.

Signature of Applicant

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1/2000