

PONTIAC GRADE SCHOOL DISTRICT #429

117 West Livingston Street
Pontiac, IL 61764
Mr. Steve Graham, Superintendent
Phone (815) 842-1533
Fax (815) 844-5773

APPLICATION FOR FOOD SERVICE WORKER

Date:

Last Name	First Name	Middle
Street Address	City, State, Zip	
Home Phone: () _____	Date of Birth: _____	
Business Phone: () _____	Social Security #: _____	
Have you applied for employment with us before?		
Yes <input style="width: 50px;" type="checkbox"/> No <input style="width: 50px;" type="checkbox"/>		

Have you ever been indicated by DCFS? YES _____ NO _____

Have you ever been convicted of any criminal activity? YES _____ NO _____

EDUCATION

	Name of School	Major	Minor	Degree	Date
College- University					
High School					

Professional or Related Experience

PLEASE LIST ALL PREVIOUS EMPLOYERS

Please give accurate and complete full and part-time employment record. Start with most recent employer.

1 Employer Name _____ Address _____ Name of Supervisor _____ Position and Responsibility _____	Telephone: () _____ Employed From _____ To _____ Salary \$ _____ Reason for Leaving _____

(continued on next page)

2	Employer Name _____	Telephone: () _____
	Address _____	Employed From _____ To _____
	Name of Supervisor _____	Salary \$ _____
	Position and Responsibility _____	Reason for Leaving _____
	_____	_____

3	Employer Name _____	Telephone: () _____
	Address _____	Employed From _____ To _____
	Name of Supervisor _____	Salary \$ _____
	Position and Responsibility _____	Reason for Leaving _____
	_____	_____

Do you have a sanitation certificate from the State of Illinois? If yes, indicate date. YES _____ NO _____ DATE _____

Can you do heavy lifting?

Do you have experience in food service work?

Do you have membership in any food service association?

REFERENCES

Please list three references (other than relatives)

Name _____	Telephone: () _____
Occupation _____	
Name _____	Telephone: () _____
Occupation _____	
Name _____	Telephone: () _____
Occupation _____	

Signature

Date