

# 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 SUBSTITUTE 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="text"/>		No <input style="width: 50px;" type="text"/>

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.*

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

(continued on next page)

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

<b>3</b>	Employer Name _____	Telephone: ( ) _____
	Address _____	Employed _____
	Name of Supervisor _____	From _____
	Position and Responsibility _____	Salary \$ _____
		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*