## **BENNETT COMMUNITY SCHOOL DISTRICT**

## 300 Cedar St, Bennett, IA 52721

Nutritional Services Appli	ication Date:			
NAME:				
Last	First	Mi	iddle	
ADDRESS:				
Street	City	State	Zip	
TELEPHONE (include area code)	):			
Social Security Number:				
If you are not a U.S. citizen, what or your Visa Classification	is your Alien Registration I Number?	_		
U.S. Military Status:	Dates of ac	Dates of active duty:		
Available start date:				
EDUCATION AND TRAINING				
Name & Loca	ition Dates Atte	ended	Degree	
Grade School:				
High School:				
College:				
Other:				
Cafeteria Qualification and Exper				
Experience working in an institution	onal cafeteria? Yes No_	If yes, how I	ong?	
Have you had experience working	<del></del>			
Do you have knowledge of handli		eeping? Yes	No	
Do you possess creativeness with				
Do you relate well with children?	Yes No			
	had with public contact? Ide	and the second		

## WORK HISTORY (most recent employer first)

Employer name:			
Address:			
Telephone:	Position:		
Dates employed- From:	to		
Supervisor:			
Duties:			
Reason for leaving:			
Franks and annual			
Employer name:			
Address:	Dacition		
Telephone:			
Dates employed- From:			
Supervisor:			
Duties:			
Reason for leaving:			
Reason for leaving:			
Employer name:			
Address:			
Telephone:			
Dates employed- From:			
Supervisor:			
Duties:			
Reason for leaving:			
WORK REFERENCES			
Name	Position	Telephone	
1)		· 	
2)			
3)			
,			

Have you ever convicted of child abuse?	YES	NO
Have you ever been convicted of any federal, s	state, county, munici	pal or any other law? (Do not
include traffic violations for which the only pena	alty is a fine of \$35 c	or less)
<u> </u>	YES	NO
If yes to either of the above, please explain on	a separate sheet of	paper.
I hereby authorize representatives of the Benne persons and entities listed on this application a investigations which they deem necessary in or and medical history, including but not limited to institutions, doctors and hospitals, and law enforcelease of any such information by third person School District will keep such information in a district officials.	nd to make all other rder to verify my edu contacting current/p prcement agencies. as and I understand	contacts, inquiries and ucation, employment, police past employers, educational I hereby consent to the that the Bennett Community
I hereby state that all information provided by nemployment is true, correct and complete. I under or omission of fact or otherwise, on this application therewith, shall be cause for immediate discharge.	derstand that if I am ation or other materia	employed, any misstatemen
I hereby release the officers, agents, employee from any and all liability arising from disclosure of my past performance made to the Bennett C agree that this waiver includes any and all man in the future concerning such disclosures, rega	of personnel record community School D ners of actions that	ds and from verbal appraisals histrict. I understand and I may now have or may have
APPLICANT'S SIGNATURE		

Bennett Community School is an equal employment opportunity and affirmative action employer.

Date: \_\_\_\_\_

## NONDISCRIMINATION STATEMENT

The Bennett Community School does not discriminate on the basis of race, color, age (except students), religion, national origin, creed, sex, sexual orientation, gender identity, or disability in admission or access to, or treatment in, it's hiring and employment practices.