

7-A-1

Social Security No. \_\_\_\_\_

Date of Interview:  
Remarks

Office Use Only:

Position Applying For:

Elementary \_\_\_\_\_

Secondary \_\_\_\_\_

(Junior High or High School)

Full Time \_\_\_\_\_

Substitute \_\_\_\_\_

ST. MARYS CITY SCHOOL DISTRICT  
Superintendent's Office  
101 West South Street  
St. Marys, Ohio 45885

APPLICATION FOR FOOD SERVICE POSITION

Date \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Maiden)

Present Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Are you willing to take a physical examination? Yes \_\_\_\_\_ No \_\_\_\_\_

Chest X-ray? Yes \_\_\_\_\_ No \_\_\_\_\_

	NAME OF SCHOOL	LOCATION	DATE OF ENTRANCE	DATE OF LEAVING	DEGREE DIPLOMA
HIGH SCHOOL					
COLLEGE, BUSINESS, CORRESPONDENCE OR TRADE SCHOOL					

EXPERIENCE RECORD: (List last employment first)

Employed By	Location	Dates of Employment	
		From	To

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Reason for leaving last position \_\_\_\_\_

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Indicate type of kitchen equipment and other food service machines on which you have had experience.

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Do you have transportation available to all St. Marys City Schools? \_\_\_\_\_

If not, what school or schools could you work within walking distance \_\_\_\_\_

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REFERENCES: (Character and at least one previous employer) (NO relatives)

NAME	POSITION	COMPLETE ADDRESS
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List any additional facts that may have a bearing on your application:

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Are you under a doctor's care for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_

What reason \_\_\_\_\_

\_\_\_\_\_  
Signature