

**ST. MARYS CITY SCHOOLS
SEASONAL SUMMER STUDENT WORKER APPLICATION**

Name: _____

Social Security Number: _____

Address: _____

Telephone number: _____

Date of graduation from Memorial High School: _____

Currently attending a college or university? ___ yes ___ no

List your past three employers as well as a contact name and telephone number:

Were you required to clean as part of your job responsibilities?

___ yes ___ no

Please list all dates that you would be unable to work for the period May 27, 2008 through August 15, 2008 (not including Saturdays, Sundays, or holidays):

Please list two reference that can vouch for your work ethic:

_____ name _____ phone #

_____ name _____ phone #

I certify that the information set forth in this application is correct and I authorize references and employers to release information to the St. Marys City Schools.

(signature of applicant)

(date)

NOTE: It is the policy of the St. Marys City Schools not to discriminate on the basis of sex, age, handicap, race, color, religion, marital status, veteran's status, national or ethnic origin.

**Applications are due no later than 4:30m p.m.,
January 25, 2008.**