

Employment Application

McDowell County School Nutrition Services

2107 Sugar Hill Road, Marion, NC 28752 Phone: 828-652-5633 Fax: 828-659-5814

		EMP	LOYEE	INFOR	MATION	(Appl	ication will remain active for 9	0 da <u>ys)</u>	
Name: (First)									
Physical Address:									
Phone #: () Email Address:							tion: (Circle Highest Grade C	ompleted): 7	7 8 9 10 11 12
GED Years of College Military Special training related to food service:									
Are you able to perform the essential functions of the position with or without accommodations?									
Are you 18 yrs or older, and legally eligible for employment in the U.S.									
I am seeking a:Full-time position (6+ hrs/day) Part-time position (3-5.5hr/day) Substitute (PRN) Any available									
Have you ever been convicted of a criminal offense? Yes No Explanation:									
Do you have reliable transportation to work? I can work Immediately/or () days after being notified that I have been hired.									
Have you ever worked for McDowell County Schools? If yes, Did you leave on good terms?									
First School Preference: Second School Preference:									
WORK EXPERIENCE									
List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary following this section or on an extra sheet of paper if necessary. No more than 10 years history recommended.									
EMPLOYER	POSITION/PAY START END REASON FOR LEAVING							,onimenaea.	
PROFESSIONAL REFERENCES									
Name	Relation	Addı			SS		Occupation		Phone #
PERSONAL REFERENCES									
Name	Relation Address						Occupation		Phone #
33000									
As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references. If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above. Signature of applicant:									
Signature of applicant:Date:Date:									

"USDA is an equal opportunity provider and employer".

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