

DATE _____

Applications kept on file two (2) years

Full time _____ Part time _____ Substitute _____

Dade County School Application for Food Service Personnel

Applicants must be finger printed and a background check completed by local police department
A health exam confirming the applicant is free of communicable disease is required

NAME _____

ADDRESS _____

Telephone # _____

Work Experience:

Former Employer/date

Address/Phone

Reason for Leaving

Former Employer/date	Address/Phone	Reason for Leaving

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

SKILLS

- Computer --Word-Window-Excel-Other _____
- ServSafe Certification
- Cashier
- Industrial Cleaning
- Commercial Cooking
- Receiving
- Operating Commercial Cooking Equipment
- Inventory
- Stockroom/Warehouse

PHYSICAL REQUIREMENTS

Check any physical requirement that you feel you can safely perform

- Lift 50 pounds frequently (walk-in freezers, ovens, dish rooms)
- Lift 10 pounds often
- Work in temperatures between -20 degrees F and 100 degrees F
- Work in High humidity
- Bend and/or reach often

"This institution is an equal opportunity provider."

Educational and Professional Training: (Full time employment requires HS graduate or GED)

Highest grade of school completed: 8-9-10-11-12 or GED (Circle highest grade)

Name of School _____

Vocational or other professional training: _____

College: 1 yr - 2-yr - 3 yr - 4 yr - 5 yr (circle highest college level completed)

Name of School _____

List any official certifications: _____

May references be contacted? YES NO (*circle yes or no*)

List Three References:

Name _____

Name _____

Address _____

Name _____

Address _____

Address _____

Phone# _____

Phone# _____

Phone# _____

If there is any question or statement on this form that you do not understand, ask for assistance

I hereby declare that all statements contained in this application are true and correct to the best of my knowledge and I understand that false or inaccurate information in the application will be the basis for termination. I hereby authorize this school system to investigate my background and verify this information. I understand my failure to report to work will indicate that I have quit. My signature gives this school system the authorization to check the references I have given. If employed, I agree to abide by all rules and regulations of the Dade County Board of Education, including In-Service Training. I confirm that all statements above are true.

SIGNATURE _____

SOCIAL SECURITY NUMBER _____

STOP HERE

For Central Office Use Only

Date of Interview _____

Comments of Interviewer _____