

# ADA CITY SCHOOLS

P. O. Box 1359

Ada, Oklahoma 74821-1359

School District: I-19

Date \_\_\_\_\_

## FOOD SERVICE APPLICATION

Full Name -- First Middle Last (Please Print): \_\_\_\_\_ Are you over the age of 18?  Yes  No Social Security No \_\_\_\_\_

Present Address \_\_\_\_\_ Telephone \_\_\_\_\_ City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Permanent Address \_\_\_\_\_ Telephone \_\_\_\_\_ City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Names of Relatives Working for this District \_\_\_\_\_

Do you have any physical impairments or chronic ailments that would prevent you from performing in the position for which you are making application?  Yes  No

Are You A Citizen of the U.S.A.?  Yes  No If No, Do You intend to Become a Citizen?  Yes  No

Circle highest degree of education which you have completed:

Grade: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

List any special training you have had in Quantity Food Service \_\_\_\_\_

What experience have you had in cooking in large quantities? Where? \_\_\_\_\_

Previous Kind of Work	Position Held	Dates From-To	Name and Address of Employer	Salary

Do You desire full or part-time work? \_\_\_\_\_

If not placed regularly, would you care to work part-time or as a substitute? \_\_\_\_\_

Do you have a car available for work? \_\_\_\_\_

Reference of two people other than employers and relatives.

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ (Applicant's Signature)

It is the policy of Ada City Schools to assure that there shall be no discrimination against any applicant on the grounds of age, race, color, religion, sex, national origin, or ancestry.