

ARCHBISHOP HOBAN HIGH SCHOOL



APPLICATION FOR PARENT EMPLOYMENT 2019-2020 SCHOOL YEAR

PARENT/GUARDIAN NAME _____

ADDRESS _____

CITY _____ ZIP _____

PARENT E-MAIL _____ PARENT CELL # _____

PARENT OCCUPATION _____

Title	Name of Employer	Work Phone
-------	------------------	------------

STUDENT NAME _____

STUDENT GRADE for 19-20 school year: 9 10 11 12 (Circle One) MALE _____ FEMALE _____

Can you work school days? YES ___ NO ___ Can you work school nights? YES ___ NO ___

Can you work weekends? YES ___ NO ___

What skills do you have that Hoban could benefit from? Graphic Design, Security, Tutor, Teacher, Office Administration, Technology, Engineering, Painting, Carpentry, Landscaping, other:

Do you have any physical disabilities that would limit you from working at Archbishop Hoban? If so, please explain _____

The purpose of Hoban's Work Study Program is to help finance the student's education and benefit the school at the same time. All earnings are applied directly to the student's tuition account.

Breakage due to your negligence is your responsibility.

Parent/Guardian Signature _____ Date _____