

**PRENTISS COUNTY SCHOOL DISTRICT**  
**CHILD NUTRITION DEPARTMENT**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_  
DATE OF BIRTH (OPTIONAL): \_\_\_\_\_

JOB YOU ARE SEEKING (PLEASE CIRCLE ONE): Manager      Cashier      Anything Available

ARE YOU SEEKING: (PLEASE CIRCLE ONE): Full-Time    Part-Time    Substitute    Anything Available

WHAT SCHOOLS ARE YOU INTERESTED IN: (OR IF ALL WRITE ALL): \_\_\_\_\_  
PLEASE LIST ANY JOB EXPERIENCE OR PAST WORK EXPERIENCE IN FOOD SERVICE OR IN ANY OTHER CAREER AREA (BEGINNING WITH MOST RECENT):

1. \_\_\_\_\_  
DUTIES: \_\_\_\_\_  
HOW LONG DID YOU WORK? \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_
2. \_\_\_\_\_  
DUTIES: \_\_\_\_\_  
HOW LONG DID YOU WORK? \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_
3. \_\_\_\_\_  
DUTIES: \_\_\_\_\_  
HOW LONG DID YOU WORK? \_\_\_\_\_  
REASON FOR LEAVING. \_\_\_\_\_

EDUCATION:      \_\_\_\_\_ COMPLETED \_\_\_\_\_ GRADE  
                         \_\_\_\_\_ HIGH SCHOOL DIPLOMA  
                         \_\_\_\_\_ G.E.D.  
                         \_\_\_\_\_ COMPLETED \_\_\_\_\_ YEARS OF COLLEGE

REFERENCES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YOUR APPLICATION WILL NOT BE DISCRIMINATED AGAINST BECAUSE OF RACE, SEX, COLOR, NATIONAL ORIGIN, HANDICAP, RELIGION OR AGE. WE ARE AN EQUAL OPPORTUNITY PROVIDER.**

