

Coffee County School System

1343 McArthur Street
Manchester, TN 37355
(931) 723-5150 Fax (931) 723-5153

Application for Food Service Employee

Please fill out all blanks with complete, detailed information.

Date of Application _____

Name in full (**Print**) _____
Last First Middle (Maiden)

Address _____
Street City State Zip

Social Security Number _____

Phone _____ Cell Phone _____

OPTIONAL INFORMATION Date of Birth _____ Sex _____

Earliest Possible Date For: Interview _____ Employment _____

Highest grade completed in school _____ Last school attended _____

Have you ever been charged and convicted of a misdemeanor or felony? Yes _____ No _____

If the answer is Yes, Please explain: _____

List any specialized training: _____

Work Experience: (List last job first)

Name/Location of Company	Type of Business	Dates	Reason for Leaving

References: List at least two people (with address and phone number) who know about your work

Name	Address	Phone

Would you substitute at **all** County schools, if called? Yes ___ No ___

If no, which schools if any? _____

All complete applications will be placed on file for a period of two years for consideration when vacancies occur. Applications must be renewed and kept up-to-date to remain active.

Coffee County Schools in an equal opportunity employers and does not discriminate on the basis of age, sex, race, color, creed, religion, national origin, or handicap.

CERTIFICATION OF APPLICATION

I understand that, if I am employed, the Board of Education may assign or reassign me to a specific position as the need arises.

I have not been charged or convicted of a misdemeanor or felony in any state of the United States.

I have not been dismissed from any previous employment for improper or unprofessional conduct, inefficient service, neglect or duty, incompetence, or insubordination.

My resignation from previous employment was, or will be submitted in writing at least ten (10) days prior to the beginning of employment; or, if within ten (10) days; the previous employer has waived its right to such notice.

I am citizen of the United States, or have complied with the Immigration Reform and Control Act of 1986.

I do not have any contagious or communicable disease that may endanger the health of school children. Further, I will submit to examination by a physician as directed by the director of schools.

I understand that misrepresentation of any of the above statements may subject me to a fine, loss of opportunity for employment, and loss of position if employed.

Permission and authorization is hereby granted for Coffee County Schools' duly authorized representative to investigate, question, and obtain verbal and/or written records from references given, prior employers, or any other agency who may have knowledge of my qualifications and character; further, I waive any and all claims which may arise against Coffee County Board of Education for the release of reference information.

If you cannot sign below, please attach a written explanation.

Signed _____ Date _____

Type or Print Name _____

FOR OFFICE USE ONLY

Contacted for interview: Date _____ By _____

Interviewed by: Name _____ Date _____

Name _____ Date _____