

TOOMBS COUNTY SCHOOLS
BARRY WALLER, INTERIM SUPERINTENDENT
 117 EAST WESLEY AVENUE, LYONS, GA 30436
 Telephone:912-526-3141 Fax:912-526-3291
APPLICATION FOR EMPLOYMENT-SCHOOL NUTRITION

DATE: _____

LAST NAME	FIRST	MIDDLE	MAIDEN
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PRESENT ADDRESS: _____
 STREET OR P.O. BOX

CITY	STATE	ZIP CODE
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_____ TELEPHONE # _____

NAMES AS IT APPEARS
 ON SOCIAL SECURITY CARD: _____

SOCIAL SECURITY NUMBER: _____

POSITION(S) DESIRED:

LUNCHROOM WORKER SUBSTITUTE LUNCHROOM WORKER

LOCATION(S) DESIRED:

TOOMBS COUNTY HIGH SCHOOL (9-12) TOOMBS COUNTY MIDDLE SCHOOL (6-8)
 TOOMBS CENTRAL ELEMENTARY (PK-5) LYONS PRIMARY SCHOOL (PK-2)
 LYONS UPPER ELEMENTARY (3-5)

EDUCATION: SECONDARY:

HIGH SCHOOL ATTENDED: _____
 ADDRESS (CITY & STATE): _____

CHECK ONE:

HIGH SCHOOL DIPLOMA _____ **PLEASE ATTACH A COPY OF DIPLOMA TO THIS APPLICATION.**
GED CERTIFICATE _____ **PLEASE ATTACH A COPY OF CERTIFICATE TO THIS APPLICATION.**

COLLEGE OR VOCATIONAL TRAINING:

SCHOOL ATTENDED	ADDRESS	DIPLOMA/HOURS

EMPLOYMENT RECORD: (BEGINNING WITH MOST RECENT)

EMPLOYER

POSITION HELD

YEARS EMPLOYED
(i.e. 2001-2003)

REASON FOR LEAVING

MAY WE CONTACT YOUR PRESENT AND/OR FORMER EMPLOYER? YES ___ NO ___

PLEASE INDICATE BY YOUR SIGNATURE YOUR PERMISSION TO CHECK YOUR CONFIDENTIAL FILES REGARDING YOUR PAST EMPLOYMENT RECORD:

SIGNATURE

REFERENCE: (PERSONS NOT RELATED TO YOU BUT WHO HAVE KNOWLEDGE OF YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING)

NAME: _____ PHONE #: _____

POSITION: _____ ADDRESS: _____

NAME: _____ PHONE #: _____

POSITION: _____ ADDRESS: _____

NAME: _____ PHONE #: _____

POSITION: _____ ADDRESS: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR ANY CRIME INVOLVING MORAL TURPITUDE? IF YES, PLEASE EXPLAIN _____

I UNDERSTAND THAT ANY FALSE ANSWER OR STATEMENT OR IMPLICATION MADE BY ME ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DENIAL OF EMPLOYMENT.

SIGNATURE _____ DATE _____

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