

**AN EQUAL OPPORTUNITY EMPLOYER**  
 It is the policy of the School Board of School District 831 to comply with Federal and State Law (and all requirements imposed by or pursuant to regulations issued in support of such laws) prohibiting discrimination against any person on the grounds of race, color, national origin, creed, religion, sex, sexual orientation, marital status, status with regard to public assistance, age or disability.

**INDEPENDENT SCHOOL DISTRICT #831**  
 Forest Lake, MN 55025-9796

**FOOD SERVICE EMPLOYMENT APPLICATION**  
**RETURN TO:**  
 Forest Lake Area Schools Food Services  
 200 SW 4th Street  
 Forest Lake, MN 55025

**RIGHTS OF APPLICANT SUPPLYING DATA**  
 1. The requested data will be used in selection of applicants for professional positions.  
 2. Applicants are not legally required to supply the requested data and may refuse to do so.  
 3. Failure to supply any or all of the requested data will diminish the applicant's chances of being hired.  
 4. No other persons or entities will receive this information unless authorized by State and Federal Law.

NAME \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

ADDRESS \_\_\_\_\_ House # \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ TELEPHONE \_\_\_\_\_

Date Available For Employment \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ ALTERNATIVE TELEPHONE \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? If yes, please explain: \_\_\_\_\_

*Criminal history will not be an automatic bar from employment.*

EDUCATION		
NAME OF SCHOOL	ADDRESS	COURSE OF STUDY
Grade School		
High School		
College		
Other		

REFERENCES (Former Employer)				
	NAME OF COMPANY	ADDRESS	SUPERVISOR	TELEPHONE
1.				
2.				
3.				
4.				

**REFERENCES (Other Than Employers & Relatives)**

NAME	ADDRESS	OCCUPATION	TELEPHONE NO.
1.			
2.			
3.			

**WORK EXPERIENCE (Most Recent First)**

NAME OF COMPANY	ADDRESS	POSITION	REASON FOR LEAVING	DATES OF EMPLOYMENT
1.				From _____ To _____
2.				From _____ To _____
3.				From _____ To _____
4.				From _____ To _____

(If More Than Four, Use Additional Sheet of Paper)

Have you ever been released from employment? Yes  No  If yes, explain \_\_\_\_\_

List any special skills, licenses, etc. \_\_\_\_\_

May we contact your present employer? Yes  No  If no, explain \_\_\_\_\_

CURRENT WEEKLY SALARY \$ \_\_\_\_\_ or HOURLY RATE \$ \_\_\_\_\_

MILITARY SERVICE (Active Duty)	
BRANCH OF SERVICE	RATE/RANK
Type of Discharge: _____ Date: _____	

The answers to the questions and information provided by me in this application are true. The School District may investigate my background, and I authorize all persons and organizations, including schools and law enforcement agencies to furnish the School District any information concerning me which may be relevant to my employment by the School District and release any person or organization furnishing such information from liability for providing same. Submission of false information on this application may result in immediate termination of my employment by the School District if I am employed by the School District or disqualify me from eligibility for employment.

**OFFICE USE ONLY**

Interviewed by _____	Date _____	Dept. _____	Not Recommended <input type="checkbox"/>
Board Approved _____	By _____	Starting Date _____	Rate of Pay \$ _____

Signature of Applicant \_\_\_\_\_