

**WCBOE use only:** FP/BG Date: \_\_\_\_\_  
No Date Set / Pending / Clear \_\_\_\_\_

## Wayne County School System

### Application for Cafeteria

\*\* If you are hired it is required for all employees to have a fingerprinting/background check completed. The cost to you is \$35.15

**Location applying for:** \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_ 18 yrs. old or older: Yes \_\_\_ No \_\_\_

Phone Number: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Highest grade completed: \_\_\_\_\_ College: \_\_\_\_\_

Do you have any health problems? \_\_\_\_\_

Have you had any previous injuries/surgeries? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Previous Work Experience: \_\_\_\_\_  
\_\_\_\_\_

Present Position: \_\_\_\_\_

Last Employment: \_\_\_\_\_

Phone #: \_\_\_\_\_

#### References:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Signature: \_\_\_\_\_