

“Learning is First”

Granite Falls School District
Food Service
 Classified Application Insert

Position Applying For				Job Number
				()
Last Name	First Name	Middle Name	Telephone	
				()
Address	City	State	Zip	Work/Message Telephone

TRAINING AND EXPERIENCE

<i>Accounting/Bookkeeping & 10-key Adding Machine</i>	
Experience	Training
<i>Cashiering</i>	
Experience	Training
<i>Cooking (include volume cooking)</i>	
Experience	Training
<i>Ordering supplies</i>	
Experience	Training
<i>Inventory</i>	
Experience	Training

“Learning is First”

<i>Working with the Public (students/staff)</i>
Years of Experience:
Explain Experience:
<i>Ability to Work Independently</i>
Years of Experience:
Explain Experience:

Check the appropriate box in answer to the following questions.

Yes	No	Question
<input type="checkbox"/>	<input type="checkbox"/>	Are you willing and able to safely lift boxes and equipment up to 50 pounds unassisted from floor to chest level?
<input type="checkbox"/>	<input type="checkbox"/>	Are you able to stand, bend, and stretch for up to a six-hour shift?
<input type="checkbox"/>	<input type="checkbox"/>	Are you able to work in an environment where temperatures vary significantly throughout the shift?
<input type="checkbox"/>	<input type="checkbox"/>	Do you hold a valid first-aid card?
<input type="checkbox"/>	<input type="checkbox"/>	If no, have you ever had first aid training? If yes, When:
<input type="checkbox"/>	<input type="checkbox"/>	Do you hold a current food handler’s permit? Expiration Date:
<input type="checkbox"/>	<input type="checkbox"/>	Would you be willing to undertake additional training and education on your own time?
<input type="checkbox"/>	<input type="checkbox"/>	Are you willing to substitute on an on-call basis?

Other pertinent information:

I hereby certify that all the information given is true to the best of my knowledge

Signature of Applicant Date