



**LUNCHROOM POSITION**  
**(Child Nutrition Program)**

**ALBERTVILLE CITY SCHOOLS**

107 West Main St.  
Albertville, AL 35950  
Phone (256) 891-1183 Fax (256) 891-6303  
Office Hours 7:30 a.m. – 4:00 p.m.

Central Office Use Only  
Date Received

**Indicate Position Applied For (check all that apply):**  Full Time  Part-time **OR**  Substitute (for this position)

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street or P.O. Box City State ZIP

Social Security #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

Have you ever been convicted of, or entered a plea of no contest to, a felony or misdemeanor other than a minor traffic violation?  Yes  No

Have you had a background check by Alabama State Department of Education?  Yes  No

**NOTE: Employment will only be final upon completion and/or results of background check.**

**(Current verification of tuberculin skin test must accompany this application)**

Have you ever had a work related accident?  Yes  No If yes, explain \_\_\_\_\_

Do you have any impairment(s) physical or mental, which would interfere with you performing the essential duties of this job?  
 Yes  No If yes, explain \_\_\_\_\_

Are you under a doctor's care now?  Yes  No If yes, explain \_\_\_\_\_

**TRAINING**

List any commercial kitchen equipment you have experience with: \_\_\_\_\_

List any software you have experience with (ex. Excel, Word, etc.): \_\_\_\_\_

What computer experience do you have? \_\_\_\_\_

Are you Serv Safe certified?  Yes  No Expiration \_\_\_\_\_

Are you School Nutrition Association certified?  Yes  No

## EDUCATION

Name of High School \_\_\_\_\_ Diploma  GED

Year of graduation or date GED was issued \_\_\_\_\_

College or Advance Training	Area of Study	Degree	Year of Graduation

## WORK EXPERIENCE

(List below the last four employers, starting with the last one first)

Date Month and Year	Name and Address of Employer	Type of work	Number of Years	Reason for Leaving

May Your Current Employer Be Contacted?  Yes  No

## REFERENCES

These should be persons qualified to answer questions concerning your qualifications for the position you seek.  
**DO NOT** include those related to you.

Name	Phone Number

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

\_\_\_\_\_  
**Date**

**NOTE: Any false information knowingly given on this application is grounds for dismissal.  
Application will stay on file for one year. Send updated resume` by May 15<sup>th</sup> of the following year if you wish your application to remain on file.**

It is the policy of the Albertville City School System that no person shall be denied employment, be excluded from participation in, be denied the benefits of, or subjected to discrimination in any program or activity on the basis of sex, race, religion, handicap, national origin, age or ethnic background. For information regarding the compliance of this statement you may contact Cynthia Green, Coordinator Title II, Dr. John Slivka, Coordinator 504 Mrs. Joyce Bishop, Director Title IX at 107 West Main Street, Albertville, Al 35950. Phone (256) 891-1183