



**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 15th 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

This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  Done.

For more information on E-Verify, please contact DHS at:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

Este Empleador Participa en E-Verify



Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

IMPORTANTE: En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y, o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben

restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

A V I S O:

La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa, o ha discriminado en contra suya durante el proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification.  Done.

Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al:

1-888-464-4218



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