



2018 SUMMER PROGRAM
APPLICATION FOR EMPLOYMENT
Please Print or Type

DATE: _____

NAME: _____
LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER: _____

MAILING ADDRESS: _____
STREET CITY, STATE ZIP

PHYSICAL ADDRESS: _____
STREET CITY, STATE ZIP

CONTACT INFORMATION: _____
(Home Telephone) (Mobile Telephone)

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ **GENDER:** ☐ Male ☐ Female

ETHNICITY: ☐ Hispanic or Latino ☐ Non-Hispanic or Latino
RACE: ☐ Black or African American Asian
☐ American Indian / Alaskan Native
☐ Native or Hawaiian or Other Pacific Islander
☐ White
☐ Asian
☐ Other
☐ Decline to Answer

EDUCATION

NAME	LOCATION	HIGHEST GRADE LEVEL COMPLETED
Junior High/High School		<input type="checkbox"/> 7 TH <input type="checkbox"/> 8 TH <input type="checkbox"/> 9 TH <input type="checkbox"/> 10 TH <input type="checkbox"/> 11 TH <input type="checkbox"/> 12 TH
College/University		<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate
OTHER		

STX-2018 Summer Program
Application for Employment
Continued

CITIZENSHIP: Are you a U.S. Citizen/Naturalized? ☐ Yes ☐ No
Are you in satisfactory immigration status? ☐ Yes ☐ No
If "yes" enter Alien Registration Number? _____

EMPLOYMENT

POSITION APPLYING FOR (please choose three):

- ☐ KITCHEN CLERK: 19 & Over ☐ DATA ENTRY CLERK: 19 & Over
☐ FOOD SERVICE ADULT: 18 & Over ☐ FOOD SERVICE STUDENT: 16-17 YEARS
☐ COOKS: 21 & Over ☐ SITE MONITORS: 19 & Over Must have a vehicle & valid driver's license
☐ KITCHEN MANAGERS: 21 & Over ☐ CHECKER: Must be able to lift at least 20 pounds or more.

HAVE YOU WORKED WITH THE SUMMER OR SUMMER FOOD SERVICE PROGRAM BEFORE?

☐ Yes ☐ No If yes, specify year(s) and Position: _____

IF YOU WERE PREVIOUSLY EMPLOYED WITHIN THE GOVERNMENT OF THE VIRGIN ISLANDS, PLEASE ENTER YOUR EMPLOYEE NUMBER: _____

ARE YOU PRESENTLY EMPLOYED? ☐ Yes ☐ No

Name:	Address:	Phone Number:
Job Title:		
How long at present employment?		

EMPLOYMENT HISTORY

Complete all items below for each job you have had during the past 24 months. Include all self-employment, part-time work, military service and employment with a government agency. Include all employers, regardless of state, type of work performed or length of job. Starting with your most recent employer.

1. Name of Employer:	Job Title:	
Address:	Duties Performed:	
Telephone # (include area code):	Employed From: Month/Year	To: Month/Year

STX-2018 Summer Program
Application for Employment
Continued

2. Name of Employer:	Job Title:	
Address:	Duties Performed:	
Telephone # (include area code):	Employed Form: Month/Year	To: Month/Year

3. Name of Employer:	Job Title:	
Address:	Duties Performed:	
Telephone # (include area code):	Employed Form: Month/Year	To: Month/Year

REFERENCES

NAME	ADDRESS	PHONE NUMBER
1.		
2.		
3.		

SIGNATURE: _____

DATE: _____

INFORMATION REQUIRED FOR CRIMINAL BACKGROUND CHECKS

Program Name: School Food Authority-Summer Program

Name of Director: Ms. Leah M. Christian

Telephone No.: 340-773-1095

Applicant Full Name and other names used: _____

Social Security or EIN Number: _____

Date of Birth: _____

Jurisdiction(s) lived in for pass seven (7) years: _____

NOTE: Any prospective employee who has lived outside of the U.S. and/ or territories would have to obtain a Clearance Letter from that Jurisdiction.