

**WARREN COUNTY PUBLIC SCHOOLS**  
**210 N COMMERCE AVE.**  
**FRONT ROYAL, VIRGINIA 22630**  
**Phone: 540-635-2171 - Ext. 240**  
**Fax: 540-635-2814**  
[www.wcps.k12.va.us](http://www.wcps.k12.va.us)

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**APPLICATION**

**CAFETERIA POSITIONS**  
**(Other than Dining Room Assistant)**

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**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **SOCIAL SECURITY #** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_  
Street City State Zip

**Mailing Address:** \_\_\_\_\_  
Street City State Zip

**Phone Numbers:** Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**POSITION DESIRED:**

Manager \_\_\_\_\_ Asst. Mgr./Cook/Baker \_\_\_\_\_ (Level I) General Service \_\_\_\_\_ (Level II)

Substitute \_\_\_\_\_ Part time \_\_\_\_\_ Other \_\_\_\_\_

**EDUCATION**

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	DATES OF ATTENDANCE	DATE OF GRADUATION	DEGREE/CERTIFICATE (YEAR)	MAJOR SUBJECTS
High School					
College					
Trade, Business or Correspondence School					

**PREVIOUS EMPLOYMENT (List last three employers, starting with the present or last one first)**

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Name and Address of Present or Last Employer \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ May we contact your Supervisor? \_\_\_\_\_ Yes \_\_\_\_\_ No

Description of Work \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Name and Address of Previous Employer \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_

Description of Work \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Name and Address of Previous Employer \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_

Description of Work \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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**REFERENCES: Names of three persons not related to you, who have knowledge of your qualifications.**

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
\_\_\_\_\_

**PERSONAL DATA:**

1. Are you a citizen of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Are you 18 or over? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Have you ever been convicted of any crime other than a minor traffic violation, or are there any outstanding warrants against you? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Have you ever been terminated or requested to resign from a former position? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Have you ever been convicted of any offense involving the sexual molestation, physical or sexual abuse or rape of a child? \_\_\_\_\_ Yes \_\_\_\_\_ No
6. For purposes of compliance with Section 2.1-112 of the Code of Virginia, have you ever served in the Armed Forces of the United States? If yes, please attach a copy of your DD Form 214. \_\_\_\_\_ Yes \_\_\_\_\_ No

**NOTE:** If the answer to any of the above questions 1 thru 6 is yes, give details below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Explain the skills and experiences that qualify you for the position(s) desired.**

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1. Persons contracting for employment by the Warren County School Board must have a chest x-ray or tuberculin test within the 12 month period immediately following the beginning of the school session. The results must be reported to the superintendent two weeks prior to reporting to work.
2. Unless you are employed prior to October 1 this application will be moved to the inactive files and will be destroyed the following October. Notify this office of change of name, address, telephone number, etc.
3. Due to the volume of applications, the Warren County School Board has established the policy of not acknowledging the receipt of an application. Interviews will be scheduled when there is a definite opening in our division.

This application is not complete without a signature below. By signing this application I certify that this application is true and complete without condition, and I acknowledge that omitted, misleading, or false information on this application or furnished otherwise by me will be sufficient cause for disqualification for or termination from employment. I unconditionally authorize the release of such information by any person having any information concerning me without liability to representatives of Warren County Public Schools. I specifically authorize all law enforcement agencies to release any information on me.

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Applicants Signature

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Date

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Print Name

*The Warren County School Board does not discriminate on the basis of sex, religion, disability, race, color or national origin.*

***AN EQUAL OPPORTUNITY EMPLOYER***