For Office Use Only
Hire Date _____
School _____
Rate of Pay _____
Daily Hours _____
- ❑ Full-Time
- ❑ Part-Time
- ❑ Substitute

Director's Signature:_____

CLEVELAND CITY SCHOOLS
CHILD NUTRITION DEPARTMENT
4300 Mouse Creek Road, NW
Cleveland, TN 37312
423-472-9574

EMPLOYMENT APPLICATION

Please Print

Date _____

Name _____
(Last) (First) (Middle)

Present Address _____
(Street)

_____
(City) (State) (Zip)

Telephone Number _____

Social Security Number _____

Position Applying For _____

WORK EXPERIENCE

Place _____
Duties Performed _____
Years Employed _____
Reason for Leaving _____

Place _____
Duties Performed _____
Years Employed _____
Reason for Leaving _____