SAUVIE ISLAND SCHOOL

Application for Employment – Food Service Manager & Chef

APPLICANT INFORMATION								
Last Name			First		M.I.	Date		
Street Address						Apartment/	Unit #	
City			State			Zip		
Cell Phone			E-mail Address					
Work Phone			Permission to contact current employer? YES NO					
Date Available			Desired Salary					
Position Applied for: Food	Service Manage	r & Chef						
Are you authorized to work	in the U.S.?	YES 🗌 🗆	NO 🗆					
If selected for employment, are to a pre-employment drug screet TB test?			NO 🗆					
If selected for employment, are to a background check and fine		bmit YES 🗌 I	NO 🗆					
EVDEDIENCE								
EXPERIENCE	1							
Total Years Experience:	Administrative:	ministrative: Licensed: Non-licens			sed:			
Title of Current Position:			Years in Current Position :					
Work Experience								
Institution / School District	Address	/ Phone Number	Title		itle	Start Dat	e End Date	
RECORD OF PROFESSION	ONAL FOLICATI	ion .						
Institution		Dates		M	ajor	De	gree	

1. QUESTION: Tell us why you are inte	erested in working at Sauvie I	sland School.	
2. QUESTION: This position requires n Please describe the strategies, tools, or competing priorities.			•
3. QUESTION: This position involves ir describe your comfort level working with leading young individuals in a work setti	n students, as well as any exp	•	
4. QUESTION: This position involves morequires proficiency in using technology, Please describe your experience and propossess.	including spreadsheets, ema	il, and participating in virtual	trainings and meetings.

Please list three professional references. In	clude Superintendents, Principals, Super	visors, Team Le	aders, etc	c., for whom you have worked.		
Full Name	Relationsh	Relationship				
Company	Phone ()					
Address						
Full Name	Relationsh	Relationship				
Company	Phone ()					
Address						
Full Name	Name Relationshi					
Company						
Address						
MILITARY SERVICE (IF ANY)						
Branch		From	То			
Rank at Discharge			Type of Discharge			
If other than honorable, explain		·				
SCLAIMER AND SIGNATURE ertify that my answers are true and complete to	the best of my knowledge.					
uthorize investigation of all statements containe decision.	ed in this application for employment as ma	y be necessary i	n arriving	at an employment		
nis application leads to employment, I understa result in my release.	and that false or misleading information in I	my application or	interview	may		

Date: _____

You may email or mail your application. Email: dmeeuwsen@sauvieislandschool.org Mail: Sauvie Island School, 14445 NW Charlton Road, Portland, OR 97231

Fax: 503-621-3384

Signature: __