

Leicester Public Schools

Office of the Superintendent
1078 Main Street
Leicester, MA 01524

Application for Cafeteria Substitute

Name: _____ Telephone: _____ Date: _____

Address: _____

Social Security Number: _____ - _____ - _____ Email Address: _____

Educational Preparation:

High School:

(name and location) (dates of attendance) (degree and year received)

College:

(name and location) (dates of attendance) (degree and year received)

Are you able to lift approximately 30 pounds? _____ Yes _____ No

Can you do simple calculations without paper and pencil? _____ Yes _____ No

Can you work in a fast paced environment and move around in tight quarters? _____ Yes _____ No

Are you able to start by 8:00 AM? _____ Yes _____ No

Are you available on short notice? _____ Yes _____ No

If you answer yes to all of the above, please fill in below:

Major Work Experience:

Please list three (3), or attach a copy of your resume' which includes name, location, and dates of employment and a brief description of work duties.

1. _____
(name and location of employer) (position) (dates of service)

2. _____
(name and location of employer) (position) (dates of service)

Please submit completed application to the Leicester Public Schools Superintendent's Office. Be prepared to submit your original driver's license **and** social security card or birth certificate for copying purposes when submitting your application (as stated on Form I-9)