



**PARIS SPECIAL SCHOOL DISTRICT
1219 HIGHWAY 641 SOUTH
PARIS, TN 38242
(731) 642-9322
(731) 642-9327 FAX**

SCHOOL NUTRITION APPLICATION

Date _____

Name _____

Address _____ Telephone No. _____

Education:

School Attended

Last Grade Completed

Work Experience:

Employer/Address

Duties

Date Employed

List Your Last Employer:

Name/Address

Telephone No.

Date Employed

List Three Personal References:

Name

Address

Telephone No.

Any Additional Information About Yourself:

Please Read Carefully Before Signing:

It is required by TCA 49-5-406 and TCA 49-5-413 that the Tennessee Bureau of Investigation conducts a criminal background check (including finger-printing) before employment is considered.

Signature: _____ Date: _____

In accordance with Federal law the Paris Special School District does not discriminate on the basis of race, color, national origin, religion, sex, age or disability in its education programs, activities or employment.

TO ALL APPLICANTS:

The Paris Special School District is legally required to ask you to complete this information because of the requirements in Title VI of the Civil Rights Act of 1964. You are not required to complete the questionnaire. It will be removed from your application and placed in a different folder for data collection purposes only.

DIRECTIONS: Please circle only one response for each choice.

A. Gender male female

B. Disability yes no

C. Veteran yes no

D. Age (over 65) yes no

E. Language: (May have more than one choice).

1. English as a Second Language
2. Non-English Language background
3. Limited English Proficiency
4. English as dominant language
5. My primary language is: _____

F. Ethnicity:

1. Asian
2. Black
3. Caucasian
4. Hispanic
5. Native American
6. Pacific Islander
7. Other _____

G. Place of Birth:

Country _____