South Summit School District
Achieving Excellence

SOUTH SUMMIT SCHOOL DISTRICT

285 East 400 South ● Kamas UT 84036
435-783-4301 ● fax 435-783-4501

STUDENT EMPLOYMENT APPLICATION

Today's Date: _____ *Applications Must Be Complete For Consideration*

Please Print Clearly or Type

PERSONAL DATA

Name: _____ Social Security Number: XXX-XX _____

Mailing Address: _____
(Full mailing address including PO Box, City, State, Zip)

Phone: _____ Cell Phone: _____ E-Mail Address: _____

Age: _____ Date of Birth: _____ Name of Parent or Guardian: _____

Position Applying For: _____

Are you related to any current South Summit School District Employee? _____ If yes, please list names and relationship:

_____

EDUCATION

Grade Now Attending: _____

QUALIFICATIONS: Summarize special skills and experience that qualify you for the position you seek.

_____

_____

EMPLOYMENT HISTORY

Previous Jobs Held: _____

_____

PERSONAL REFERENCES List the name and complete address of two people who are familiar with your personality, character and/or work habits. No relatives please.

Name Address Phone

_____

_____

I certify that the above information is true and correct and any misrepresentation of facts may be grounds for dismissal.
I also give the above information for your use only and all information will be kept confidential.

Signature _____ Date _____

South Summit School District is an equal opportunity employer and does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, or handicap.