



Iron Mountain-Kingsford Community Schools
 Julie Wonders, Director
 800 East E Street
 Iron Mountain, MI 49801
 Phone: (906) 779-5890 * Fax: (906) 779-2675

Application for Summer Employment

Name:			
Address:			
City, State:			
Telephone:		Cell Phone:	
Email:		Date of Birth:	

Position applied for:			
What date are you available to start working:			
Were you previously employed by IM-KCS:		If yes, when?	

Are you of the legal age to work?	Yes	No	If No, do you have a Work Permit?	Yes	No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?				Yes	No
If Yes, please explain:					

EDUCATION:

	Name & Location	Last year completed	Year Graduated
High School			
College			
Other Training			

Are there any other experiences, skills or qualifications which you feel would especially fit you for work with IM-K Community Schools?

EMPLOYMENT HISTORY:

Name , Address & Telephone of Company	From	To	Reason for Leaving	Name of Supervisor
	Describe your work:			

Name , Address & Telephone of Company	From	To	Reason for Leaving	Name of Supervisor
	Describe your work:			

Name , Address & Telephone of Company	From	To	Reason for Leaving	Name of Supervisor
	Describe your work:			

I hereby give permission to contact the employers listed above concerning my prior work experience:

_____ Signature

_____ Date

REFERENCES: (excluding relatives and former employers)

Name	Address	City, State Zip	Telephone Number

I certify that all of the information furnished on this Application is true, complete and correct to the best of my knowledge and understand that any false information on this application may be grounds for not hiring me.

_____ Signature

_____ Date