

COMMERCE PUBLIC SCHOOLS

Office of the Superintendent

217 COMMERCE STREET
COMMERCE, OKLAHOMA 74339-2200

APPLICATION FOR KITCHEN SUBSTITUTE

| | | | |
|-----------|------------|-------------|------------------------|
| _____ | _____ | _____ | _____ |
| Last Name | First Name | Middle Name | Social Security Number |
| _____ | | | _____ |
| Address | | | Phone Number |

MAILING ADDRESS (If different)

Days available

___Monday ___Tuesday ___Wednesday ___Thursday ___Friday

This application will serve as your request to add your name to our list of substitute kitchen assistants.

I understand that my application will remain active from August 1 through June 1 of the school year in which the application is made and that I should notify the office of the Superintendent, in writing, if I wish to be considered beyond that period.

Signature of Applicant

Date

**Commerce Public Schools Employment Application
Release of Information**

I _____, date of birth _____,
(Name of Applicant) (Month, Day, Year)

Social Security Number _____, give my permission for
Commerce Public Schools to examine my employment records and personnel files. Your
signature further authorizes us to request pertinent confidential statements and
information from previous employers and interview other individuals who are able to
comment on your suitability for employment.

(Signature of Applicant)

(Date)