



# Springfield Public Schools

Human Resources • 525 Mill Street • Springfield, OR 97477  
(541) 726-3203 • Fax: (541) 726-3315

## STUDENT WORK EXPERIENCE APPLICATION

POSITION APPLYING FOR: \_\_\_\_\_

DEPARTMENT/SITE: \_\_\_\_\_

NAME: \_\_\_\_\_  
FIRST MI LAST

ADDRESS: \_\_\_\_\_  
ADDRESS  
CITY/STATE/ZIP

CONTACT PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATES AVAILABLE FOR WORK: \_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

1. Are you legally eligible for employment in the USA?  Yes  No

2. Are you related to a SPS Board Member or Employee?  Yes  No

If yes, provide name and position: \_\_\_\_\_

3. Do you have a valid Oregon driver's license?  Yes  No

If yes, please list the type of license: \_\_\_\_\_

### REFERENCES:

Please list the names of people who have first-hand knowledge of your abilities pertaining to the position for which you are applying. You may include people you have worked with, including friends/relatives.

NAME:	RELATIONSHIP:	PHONE NUMBER:
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that facts set forth in this employment application are true and complete to the best of my knowledge. I understand that if I am employed, falsified, incomplete or misleading statements on any form that is part of the application process will result in dismissal.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_