



**STUDENT WORK EXPERIENCE
APPLICATION**

POSITION APPLYING FOR: _____

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 an 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
Please list the type of license: _____

REFERENCES

Please list the names of those persons 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 the facts set forth in this employment application are true and complete to the best of my knowledge, and that I am 16 to 18 years of age. 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: _____