

**BIRDS HILL SCHOOL LUNCH PROGRAM  
SUPERVISOR APPLICATION FORM**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Attach Resume or provide a brief description of: 1) Educational Background 2) Work History 3) Experience working with children.

Do you have children in the school? If so what grades?

Please choose from the following options:

Up to 5 days/shifts per week \_\_\_\_\_ 2 or 3 days/shifts per week \_\_\_\_\_

1 shift per week or Casual as needed \_\_\_\_\_

Please note: Casual = Occasional basis - must be available to work on short notice.

Days Preferred:

Monday  Tuesday  Wednesday  Thursday  Friday

Please list two references along with their phone number:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

For Office Use Only

Birth Date: \_\_\_\_\_

SIN #: \_\_\_\_\_

Child Abuse Registry Check: \_\_\_\_\_

Administration Approval: \_\_\_\_\_