

**SIMSBURY PUBLIC SCHOOLS  
SIMSBURY, CONNECTICUT**

**NUTRITION SERVICES DEPARTMENT APPLICATION**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address: \_\_\_\_\_

**DATE OF APPLICATION:** \_\_\_\_\_

**POSITION APPLYING FOR:**

\_\_\_\_\_ Cook Manager  
\_\_\_\_\_ Substitute  
\_\_\_\_\_ General Assistant

When can you accept a position? \_\_\_\_\_

**WORK EXPERIENCE (starting with your present position):**

Employment Dates	Name of Firm	Position	Responsibilities	Reason for Leaving

**EDUCATION:**

Name of Institution	Location	Degree Acquired

**REFERENCES (Please include names of three persons that we may call upon):**

Name	Position	Address	Phone

### **Notice of Non-Discrimination**

The Board of Education will not make employment decisions (including decisions related to hiring, assignment, compensation, promotion, demotion, disciplinary action and termination) on the basis of race, color, religion, age, sex, marital status, sexual orientation, gender identity or expression, national origin, ancestry, disability, pregnancy or genetic information, except in the case of a bona fide occupational qualification.

I certify that all statements made on this application are true, complete, and correct to the best of my knowledge and are made in good faith. Any misstatement or omission of material facts on this application may be cause for immediate dismissal.

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Signature

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Date

**Please return this completed application and requested documentation to:**

**Bonnie Anderson, Director of Nutrition Services  
Simsbury Public Schools  
933 Hopmeadow Street  
Simsbury, CT 06070  
banderson@simsburyschools.net  
(860) 651-3361  
Fax (860) 651-4343**

Revised August 2023