SHIAWASSEE REGIONAL EDUCATION SERVICE DISTRICT			
APPLICATION FOR EMPLOYMENT			
PERSONAL INFORMATION Date: -9-17			
Name: Dotson		Renee	Shyla
Present Address: 834 Elm St. Corunna Middle Street City State Zip			Middle MI 48817 State Zip
Permanent Address: Street			
Phone Number: 989-7123-3471 Social Security Number: 123-45-6789			
If you are offered employment, can you submit verification of your right to work in the United States? Yes No 🗌			
EMPLOYMENT DESIRED			
Position: Cashier Salary Desired: Open Date You Can Start: 2-3-17			
Are you currently employed? Yes No [] If so, may we inquire of your present employer? Yes No []			
Ever applied to this company before? Yes No W When/Where: \(\backsquare{N} \)			
EDUCATION	Name and Location of School	Degree or Certificate	Subjects Studied
High School	LA Central	Diploma 2021	Health
	LA Central Los Angeles, CA		Sciences
University or College	Baker College	Certificate	Online CNA
U	Owosso, m?	· January 2017	
Trade, Business, or Correspondence School			
Do you have any experiences, skills, or qualifications that will be of special benefit in the position for which you are applying? <u>Areat attendance</u> , <u>Courteous</u> , <u>hardworking</u> , <u>have not and balanced a cash register worked in Myschool store</u> , <u>and Customer service</u> skills			
What foreign languages do you speak fluently?			
A TRIBATE THE STATE OF			

WORK EXPERIENCE List all present and past employment, including part-time or seasonal, beginning with the most recent. Job Title and **Employment** Reason for Leaving Description Dates and Salary Employer 2016 Name From: (new Supervisor Month/Year eser To: Still Location employed Starting Salary: .Supervise 4-5 Ending chèw members Salary: Supervisor 2016 From: Animal Care Homane To: 2016 · Clean Cages · laundry Month/Year Summer Employment Location 1) WOSSO, MI Starting Salary: . Stock 6606 Ending Volunteer Salary: Manning Childcare From: Name as needed resen To: Location orunna. Starting · basic firstaid Ending · Red Cross-Salary: Supervisor certification ane REFERENCES: Give the names of three persons not related to you, whom you have known at least one year. Occupation Phone Address Name Basketball Woodbury Rd 577-286-3276 Coach . John Abbott

1 authorize investigation of all statements contained in this application. 1 understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time.

Date: 1/9/17 Signature:

2016