



LOWELL PUBLIC SCHOOLS
Henry J. Mroz Central Administration Offices
155 Merrimack Street
Lowell, MA 01852

LOWELL SCHOOL DEPARTMENT

APPLICATION DATE: _____

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Last Name

First Name:

Middle Initial

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Mailing Address including CITY, STATE and ZIP CODE

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Social Security #

Home Tele

Cell Phone

	Check here to state that you agree to notify the Personnel Office if the information changes; failure could result in NOT receiving a letter calling for signatures
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In case of an emergency, please contact:

Person

Telephone Number

List any previous cafeteria experience:

Are you currently receiving a pension or retirement fund? Yes: _____ No: _____

If so, which group do you belong to? _____

List any relative presently working for LPS Food Service and their school.
