



sbds

Employment Application Form

PLEASE COMPLETE IN PRINT LETTERS

SOUTH BAY DEUTSCHER SCHULVEREIN

First and Last Name: _____

Social Security Number: _____ -- _____ -- _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

e-mail _____

Are you legally authorized to work in the United States of America? Yes No

SOUTH BAY DEUTSCHER SCHULVEREIN

Signature _____ Date _____

For SBDS internal use only:

Title of the Employee: _____

Salary: _____ per school day

Start Date : (MM/DD/YYYY): _____

Did the new employee fill out the W-4 form? Yes No

Did the new employee fill out the I-99 form? Yes No

Did he/she present proof of eligibility for employment in the US? Yes No