



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