



**Meridian Medical Arts Charter High School, Inc.**  
**1789 E. Leighfield**  
**Meridian, Id 83642**  
**(208)855-4075 Fax (208)855-4081**

**CLASSIFIED APPLICATION**

Please write legibly or type the application.

FIRST NAME	M I	SOCIAL SECURITY
LAST NAME		

OTHER LAST NAMES	PHONE	ALTERNATE PHONE
PERMANENT ADDRESS (STREET, CITY, STATE, ZIP CODE)		UNTIL (DATE)
E-MAIL ADDRESS	WITH WHOM MAY A MESSAGE BE LEFT?	

Position Desired:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Either	1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Work Experience				
Business Name and Location	Job Duties	Dates Worked	Supervisor	Reason for Leaving



