

# Campus Dining Application

For Student Workers

## Personal Information

Name:

First \_\_\_\_\_ M.I. \_\_\_\_ Last \_\_\_\_\_

S.S. Number \_ \_ \_ - \_ \_ - \_ \_ \_ \_

Year of Graduation \_\_\_\_\_

Building/Room Number \_\_\_\_\_ / \_\_\_\_\_

Room Extension x\_\_\_\_\_

Cell Phone Number ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_  
(optional, but very useful)

Permanent Address \_\_\_\_\_  
\_\_\_\_\_

Permanent Phone Number ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_

E-mail \_\_\_\_\_ @ \_\_\_\_\_

How many hours per week would you be able to work? \_\_\_\_\_ hours

Do you have any conflicts that may arise during the scheduled shifts?

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What brings you to apply for a position within the food service industry?

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## Work History

Please list any previous positions you may have held in reverse chronological order (i.e. start with last year and work backwards).

Place of Employment	Positions Held	Pay	Dates Employed
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____

Telephone Number (if known)	Reason for Leaving
1)	_____
2)	_____
3)	_____
4)	_____
5)	_____

What skills do you have that you feel will help you in a food service environment?

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Where would you like to work within campus dining? Please circle the places in which you would be willing to work.

Evert Dining Hall (the cafeteria)

Catering

Benny's Bistro (formerly known as Encore)

Java City

Clyde's

**\*If catering**, please indicate any previous catering experience you have below (re-list even if already noted in work history):

Name of Catering Company	Dates Employed	Position Held	Pay
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I, the undersigned, declare that the information on this sheet is accurate to the best of my knowledge.

Sign \_\_\_\_\_ Date \_\_\_\_\_

# Available Hours Schedule

Name: \_\_\_\_\_ Phone Extension: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailbox Number \_\_\_\_\_ Semester/Year \_\_\_\_\_

**Please fill in all hours that you are available to work:**

	7am	8am	9am	10am	11am	12pm	1pm	2pm	3pm
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									

	4pm	5pm	6pm	7pm	8pm	9pm	10pm	11pm	12am
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									

**Note:**

- Please mark all times that you are available to work.
- Please note that not all shifts requested are guaranteed

EDR (Cafeteria) Weekday Shifts:

Weekday Breakfast – 7:30-10am

Weekday Lunch Shifts – 11:00am – 12:00pm and/or 12:00pm – 1:00pm

Weekday Dinner Shifts – 5pm – 8pm

EDR (Cafeteria) Weekend Shifts:

Saturday Brunch Shift – 11:30am – 1:00pm

Saturday Dinner Shift – 5pm – 6:30pm

Sunday Brunch Shift – 11am – 2pm

Sunday Dinner Shift – 5pm – 7:30pm

Benny’s Bistro/Java City/Clyde’s Shifts:

Varies depending on what is needed. Note your available hours and you will be placed based on need.

Please sign if understood: \_\_\_\_\_ Date \_\_\_\_\_

# Emergency Information

## Personal Information

Name:

First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

S.S. Number \_ \_ \_ - \_ \_ - \_ \_ \_ \_

Building/Room Number \_\_\_\_\_ / \_\_\_\_\_ Extension \_\_\_\_\_

Permanent Address \_\_\_\_\_  
\_\_\_\_\_

Permanent Phone Number ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_

E-mail address \_\_\_\_\_ @ \_\_\_\_\_

Any pre-existing illnesses?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contacts

1. First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_

2. First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_

I, the undersigned, declare that the information on this sheet is accurate to the best of my knowledge.

Sign \_\_\_\_\_ Date \_\_\_\_\_