

Campus Dining Employment Application

OFFICE USE ONLY

<ul style="list-style-type: none"> • Check Shifts _____ • Add to AsULearn _____ 	<ul style="list-style-type: none"> • Add to Database _____ • PCI Sheet _____ 	<ul style="list-style-type: none"> • Add to Unit Sheet/Roster _____ • Add to Turnover _____
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Student Athlete? YES or NO
 International Student? YES or NO
 SDAP Student? YES or NO

NAME:

Last Name	First Name	Middle Name	Preferred Pronouns/Name (Optional)
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PHONE: - - **EMAIL:** @appstate.edu **BANNER ID #:**

CLASS YEAR: **MAJOR:** **FOOD ALLERGIES:**

DO YOU LIVE: ON CAMPUS or OFF CAMPUS **DO YOU RELY ON THE BUS:** YES or NO

PLEASE MARK THROUGH THE TIMES YOU HAVE CLASS OR OTHER KNOWN COMMITMENTS

Time	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
7 AM							
8 AM							
9 AM							
10 AM							
11 AM							
12 PM							
1 PM							
2 PM							
3 PM							
4 PM							
5 PM							
6 PM							
7 PM							
8 PM							
9 PM							
10 PM							

Questions

Have you worked anywhere on-campus within the last calendar year? YES or NO

Have you worked with Appalachian Food Services before? YES or NO

If yes: In what units? _____

Do you have any previous experience working in the food service industry? YES or NO

Are you available to work as a substitute if needed? YES or NO

I attest that all the information I have provided is accurate to the best of my knowledge.

Student Signature _____ Date: ____/____/____