

Food Services Employment Application

OFFICE USE ONLY

- Check Shifts _____
- Add to Database _____
- Add to QR Tracker _____
- Add to AsULearn _____
- New Hire Sheet _____
- Add to Turnover _____

Student Athlete? YES or NO

International Student? YES or NO

NAME:			
Last Name	First Name	Middle Name	Preferred Pronouns (Optional)
CELL PHONE #:	-	-	ASU EMAIL:
		BANNER ID #:	
CLASS STATUS:		MAJOR:	
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

<p>Have you worked anywhere on-campus within the last calendar year? YES or NO</p> <p>Have you worked with Appalachian Food Services before? YES or NO</p> <p style="padding-left: 20px;">If yes: In what units? _____</p> <p>Do you have any previous experience working in the food service industry? YES or NO</p> <p>Are you available to work as a substitute if needed? YES or NO</p>

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

Student Signature _____ **Date:** ____/____/____

Student Coordinator's Office (828)262-6145 Fax (828)262-6144
Email fsstudentcoordinator@appstate.edu