

Food Services Employment Application

OFFICE USE ONLY

- Check Shifts _____
- Add to Database _____
- Add to Unit Sheet _____
- Add to AsULearn _____
- New Hire/QR _____
- 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:

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:** ____/____/____

Student Coordinator's Office (828)262-6145 Fax (828)262-6144

Email fsstudentcoordinator@appstate.edu