

Employee Information/Availability Form

Last Name:	First Name:
Email:	Semester:
Local/School Address:	
Local/School Phone:	Permanent Phone:

Indicate cafeteria skills (areas of experience and areas/shifts for which you've been trained):
Job/ Area Preference:
How many hours per week would you like to work?

X The boxes below for the hours that you are UNAVAILABLE to work.							
	MON	TUES	WED	THUR	FRI	SAT	SUN
6-7 am							
7-8 am							
8-9 am							
9-10 am							
10-11 am							
11-12 pm							
12-1 pm							
1-2 pm							
2-3 pm							
3-4 pm							
4-5 pm							
5-6 pm							
6-7 pm							
7-8 pm							
8-9 pm							
9-10 pm							
Comments:							

Please indicate your estimated date of return from Summer or Winter break (whichever applies to the upcoming semester):
