

# Dining Services Employee Application

## Washington State University

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Date \_\_\_\_\_

WSU ID # \_\_\_\_\_ WORKSTUDY  please mark if you authorize Dining Services to use your WSU ID

CAMPUS ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

WHO SHOULD WE NOTIFY IN CASE OF EMERGENCY? \_\_\_\_\_ PHONE \_\_\_\_\_

MAJOR \_\_\_\_\_ MINOR \_\_\_\_\_ CLASS (Fr. So. Jr. Sr.) \_\_\_\_\_ WSU GRADUATION DATE \_\_\_\_\_

What semester are you applying for?  Fall  Spring  Summer

Which unit?  CPU  Digital Classroom  Hillside Café  Northside Café  Southside Cafe  Carlita's  Einstein  
 Towers Market  Hillside Market  Global Market  Espresso Bars  Flix Cafe & Market  
 Chinook  Catering

Credit Hours This Semester \_\_\_\_\_ If *not* currently enrolled with at least 6 credits at WSU during fall or spring semester or 3 credits during the summer, are you the spouse of a student?  Yes  No

Arc you currently employed at Washington State University?  Yes Department: \_\_\_\_\_  No

Are you a current Dining Services employee?  Yes Unit \_\_\_\_\_ (Proceed to back page)\*  
 No (Complete entire application)

Have you ever worked for Washington State University Dining Services? If yes, at which unit(s) have you worked?

*If necessary, please use a separate piece of paper to answer the following questions and list work experiences.*

Why would you like to work for Dining Services?

How did you find out about position openings?

WORK EXPERIENCE: Please list the most recent first.

Employer \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Dates (mo/yr) \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_

Duties/Skills \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Dates (mo/yr) \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_

Duties/Skills \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

WSU ID#: \_\_\_\_\_ Number of semesters worked for Dining Services \_\_\_\_\_

**SCHEDULING INFORMATION:**

Place an 'X' where you have classes/commitments/activities/responsibilities:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
5:00-6:00 A.M.							
6:00-7:00 A.M.							
7:00-8:00 A.M.							
8:00-9:00 A.M.							
9:00-10:00 A.M.							
10:00-11:00 A.M.							
11:00-12 NOON							
12 NOON-1:00 P.M.							
1:00-2:00 P.M.							
2:00-3:00 P.M.							
3:00-4:00 P.M.							
4:00-5:00 P.M.							
5:00-6:00 P.M.							
6:00-7:00 P.M.							
7:00-8:00 P.M.							
8:00-9:00 P.M.							
9:00-10:00 P.M.							
10:00-11:00 P.M.							
11:00-12 Midnig:ht							
12 Midnight- 1:00 A.M.							
1:00-2:00 A.M.							

Taking into consideration your present class schedule and that we require you to work 100 percent of your scheduled work hours during finals, how many hours per week can you work? \_\_\_\_\_

Are you willing to work weekends?  Yes  No

*Returning Employees Only:* Please rate your top 3 job preferences (1, 2, 3):

FOOD SERVER \_\_\_\_\_ RESUPPLY \_\_\_\_\_ CUSTODIAL \_\_\_\_\_ DISHWASHING \_\_\_\_\_  
STOREROOM \_\_\_\_\_ COOK'S HELP \_\_\_\_\_ GRILL \_\_\_\_\_ CASHIER \_\_\_\_\_

WSU employs only U.S. citizens and lawfully-authorized non-U.S. citizens. All new employees must show employment eligibility verification as required by the U.S. Immigration and Naturalization Services. Accommodations for applicants who qualify under the Americans with Disabilities Act are available upon request.

**Certificate of Applicant:** I hereby certify that all statements made on this application are true and I understand and agree that any false statements on this form shall be considered sufficient cause for a rejection of my application or dismissal if I am employed.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this completed application to the Dining Services facility where you are requesting work. You must submit a completed application to each facility where you are seeking a position.

**Employee:** Complete this section **after** scheduling.

Check if federal form 1-9 has been completed  Check if you are a citizen of the United States

If not, citizen of: \_\_\_\_\_ Immigration Status \_\_\_\_\_

Indicate gender  Male  Female

Interview completed by: \_\_\_\_\_ Date \_\_\_\_\_

Scheduling completed by: \_\_\_\_\_ Date \_\_\_\_\_

A copy of a valid food worker card must be on file within 14 days of hire date in each unit where you are employed. It is Dining Services' policy to lay off any employee who is unable to meet this requirement. Your card must be on file by \_\_\_\_\_

Date