

APPLICATION FOR STUDENT/PART-TIME EMPLOYMENT AT NDSU DINING SERVICES

THIS APPLICATION IS FOR: RESIDENCE DINING CENTER MEMORIAL UNION DINING CENTER WEST DINING CENTER

CIRCLE ONE

RDC MART
DINING CENTER

UNION FOOD COURT
COFFEE SHOPS
CATERING
UNION BUFFET

DINING CENTER
WEST LATE NIGHT

Date: _____ Fall Semester _____ Spring Semester _____ Summer _____

Name: _____

Telephone #: _____ Empl ID#: _____

Local Address: _____

Home Address: _____

E-mail Address: _____

Person to notify in case of accident: _____

Address: _____

Phone number: _____

If you are a student, please 'X' the areas where classes are scheduled.

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
7:00 - 7:50					
8:00 - 8:50					
9:00 - 9:50					
10:00 - 10:50					
11:00 - 11:50					
12:00 - 12:50					
1:00 - 1:50					
2:00 - 2:50					
3:00 - 3:50					
4:00 - 4:50					
5:00 - 5:50					
6:00 - 6:50					
7:00 - 7:50					
8:00 - 8:50					

Are you available to work weekends? YES NO

Have you ever worked for NDSU Dining Services or any other University departments? YES NO

If yes, please indicate name of supervisor and location and dates of employment.

Are you currently employed anywhere else on campus? YES NO

Are you registered on the NDSU Meal Plan? YES NO

Academic Year (Circle one) 1 2 3 4 Grad

When can you start work? _____

If you are a graduate student, have you applied for an assistantship? YES NO

Are you eligible for employment in the U.S.? YES NO

If not a U.S. citizen, indicate Visa type _____

How many hours per week do you wish to work? _____

Are you interested in working toward the \$200.00 tuition grant? (12 hours per week and one weekend a month)

* Must meet minimum requirements YES NO

How many credits are you taking this semester? _____

What is your major? _____

Are you in the work study program? YES NO

Are you available to work semester breaks (including the beginning and end of each semester)? YES NO

Please list past work experiences beginning with the most recent.

Name of Employer	Address/Phone	Job Title	Dates of Employment
Reason for leaving			
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Name of Employer	Address/Phone	Job Title	Dates of Employment
Reason for leaving			

Please indicate any other information that would be helpful in our consideration for your employment.

The information on this application is complete and true to the best of my knowledge, and I agree that any part proven to be false may lead to termination of employment.

Signature _____ Date _____