

Application for Student Employment

The University of Akron

Dining Services

Akron, OH 44325-4607

Phone (330) 972-7185 * Fax (330) 972-5635

Date: _____

Name: _____

University ID #: _____

Primary Phone: () _____

Alternate Phone: _____

Address: _____

Street

City

State

Zip

How many credit hours are you taking this semester: _____

Are you applying for: Student Assistant _____ Graduate Assistantship _____ Work Study _____

Are you: Undergrad _____

Graduate _____

(Student employment requires 12 credits)

(Graduate students require 9 credits)

What is your major? _____

G.P.A.: _____

Are you 21 or over? _____ Do you have any health restrictions? _____

Is there anything that inhibits you from performing your job responsibilities? _____

Are you presently, or have you ever worked on campus? _____

If yes, where? _____ When? _____

Have you ever worked in food service before? _____

If yes, where? _____

Do you know anyone in Dining Services? _____ Where do they work? _____

Do you have experience handling money? _____ When? _____

Please fill in the times that you are available to work

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

For areas that hire shift workers, please indicate your preference:

(Choose first, second and third choice)

Breakfast _____ Lunch _____ Dinner _____ Weekends _____

Please check the location(s) for which you are applying:

_____ Robertson Café _____ Sizzling Zone _____ Summit Bistro _____ Bierce Coffee Shop

_____ E.J. Thomas _____ University Catering / Martin Center _____ Union Market

_____ Starbucks Coffee Shop _____ Climbing Rock Café _____ Administration Office

List most recent employer first

Position and Duties

Dates

Employer: _____ Address: _____ _____ City, State: _____ Phone: _____ Supervisor: _____	_____ _____ _____ _____ _____	Month/Year From: _____ To: _____
Employer: _____ Address: _____ _____ City, State: _____ Phone: _____ Supervisor: _____	_____ _____ _____ _____ _____	Month/Year From: _____ To: _____
Employer: _____ Address: _____ _____ City, State: _____ Phone: _____ Supervisor: _____	_____ _____ _____ _____ _____	Month/Year From: _____ To: _____

List any special skills you have related to the position for which you are applying:

May we contact your previous employers? _____

Have you ever been convicted of a felony? _____

If yes, please explain: _____

The information on this application is true to the best of my knowledge. I understand that false or misleading information are grounds for termination without notice.

Signature: _____ Date: _____



FOR OFFICE USE ONLY:

Sent to the following areas: _____

Hire date: _____ Location: _____ Rate of pay: _____

Interviewer comments: _____

