

Student Availability/Application

DINING SERVICES

Concordia College
 901 8th St S
 Moorhead, MN 56562
 (218) 299-3706

FOR OFFICE USE ONLY	
Date & Initial	
_____ Work Cert	_____ FOB Activated
_____ I-9/W-4 or to Payroll*	_____ Resignation closing
_____ Int Student to HR*	_____ E-Verify
Notes: <div style="border: 1px solid black; height: 80px;"></div>	

APPLICATION FOR EMPLOYMENT FOR: **DINING SERVICES** **CATERING/CONCESSIONS**
 (Check area(s) of interest for employment)

Are you: New Returning to DS Currently/formerly employed by another Concordia department

PERSONAL

Banner ID # _____ Name _____
First Middle Last

Class: Fr So Jr Sr Concordia E-mail Address _____

College P.O. _____ Cell phone (_____) _____
P.O. Box Area code

Permanent Mailing Address _____
Street

City State Zip Home Phone (_____) _____
Area Code

Please provide a brief listing of your previous employment experience:

Please "X" the times when you are unavailable to work.

(Include: Class schedule, music lessons, athletic practice, extracurricular activities, other employment, etc.)

TIME	MONDAY	WEDNESDAY	FRIDAY
8:30-9:40 (FRI. 8:00-)			
10:30-11:40			
11:50-1:00			
1:20-2:30			
2:40-3:50			
4:00-5:10			
5:10-			
7:00-			

TIME CHECK ONE	TUESDAY	THURSDAY	SATURDAY	SUNDAY
8:00-9:40 <input type="checkbox"/>				
8:30-9:40 <input type="checkbox"/>				
10:30-11:40 <input type="checkbox"/>				
10:30-12:10 <input type="checkbox"/>				
12:50-2:30 <input type="checkbox"/>				
1:20-2:30 <input type="checkbox"/>				
2:40-3:50 <input type="checkbox"/>				
2:40-4:20 <input type="checkbox"/>				
4:00-5:10				
5:10-				
7:00-				

CONDITION OF EMPLOYMENT: I AGREE TO ABIDE BY THE CONCORDIA COLLEGE STUDENT EMPLOYEE HANDBOOK AND DINING SERVICES STUDENT EMPLOYEE HANDBOOK.

Date _____ Signature of Applicant _____