

GONZAGA UNIVERSITY
STUDENT JOB APPLICATION FOR DINING HALL

Name _____ Year *Fr So Jr Sr* Home Phone _____

School Address _____ ID # _____ Date _____

Home Address _____ Age _____ G.P.A _____

Work Experience _____

Are you receiving Federal Work Study? Yes _____ No _____

Do you have a food handler's card? Yes _____ No _____ (This is mandatory for employment in Washington State)

What semester are you applying for? Fall Spring Summer (Check appropriate box)

Class Schedule

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00am							
9:00am							
10:00am							
11:00am							
12:00pm							
1:00pm							
2:00pm							
3:00pm							
4:00pm							
5:00pm							
6:00pm							
Evening							