



SUNY Cobleskill Auxiliary Services, Inc.

Dining Services Student Application

Please print clearly

Name _____

Phone _____

Email _____

Class Schedule

(X the boxes that you "Have Classes" or "Other Commitments")

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7-8 am							
8-9 am							
9-10 am							
10-11 am							
11-Noon							
12-1 pm							
1-2 pm							
2-3 pm							
3-4 pm							
4-5 pm							
5-6 pm							
6-7 pm							
7-8 pm							
8-9 pm							
9-10 pm							
10-11 pm							
11-Midnight							
12-1 am							
1-2 am							

Do you go home frequently on weekends? Y or N

Employment Experience

Employer	_____
Responsibilities	_____
Supervisor	_____
Phone Number	_____

Employer	_____
Responsibilities	_____
Supervisor	_____
Phone Number	_____

Employer	_____
Responsibilities	_____
Supervisor	_____
Phone Number	_____