

STUDENT EMPLOYMENT APPLICATION

You must be a current enrolled UCI Student to apply.

Division of Continuing Education Students – please contact your assigned advisor to determine employment verification before applying.

SUBMISSION: Please email completed applications to diningjobs@uci.edu.

Today's Date: _____

First Name: _____ **M.I.:** _____ **Last Name:** _____

Date of Birth: _____ **Email address:** _____ **Phone:** _____

Location(s) Desired (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Bren Events
Center/Concessions | <input type="checkbox"/> Med Ed Café | <input type="checkbox"/> Social Science POD |
| <input type="checkbox"/> Bridge Café @ UNEX | <input type="checkbox"/> Panda Express | <input type="checkbox"/> Starbucks @ Student Center |
| <input type="checkbox"/> Catering – Banquet Server | <input type="checkbox"/> Phoenix Food Court | <input type="checkbox"/> Starbucks @ Biological
Sciences |
| <input type="checkbox"/> Catering – Kitchen | <input type="checkbox"/> Residential Dining – The
Anteatery | <input type="checkbox"/> Starbucks @ Paul Merage |
| <input type="checkbox"/> Humanities POD | <input type="checkbox"/> Residential Dining –
Brandywine | <input type="checkbox"/> Subway @ Student Center |
| <input type="checkbox"/> Java City @ Engineering | <input type="checkbox"/> Side Door POD | <input type="checkbox"/> The Green Room |
| <input type="checkbox"/> Jamba Juice | | <input type="checkbox"/> Zot-n-Go POD Market |

Have you ever worked at UCI? YES NO *If YES*, which department _____

Are you a Full Time Registered UCI Student? YES NO **Expected Graduation Date:** _____

Do you have a Financial Aid Work Study Award? YES NO

Do you have a valid CA Driver's License? YES NO

NAME OF MOST RECENT EMPLOYER

Company: _____ Employment Dates: _____

Supervisor: _____ Phone: _____

City/State: _____ Duties: _____

May we contact this employer: YES NO

WORK AVAILABILITY

Please place an **X** on the days and hours that you CANNOT work. Be sure to leave your AVAILABLE HOURS BLANK to ensure full consideration for a job.

Please check off which quarter this schedule is for: **FALL** **WINTER** **SPRING** **SUMMER**

HOURS	SUN.	MON.	TUE.	WED.	THU.	FRI.	SAT.
5:00 AM							
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
11:00 PM							
12:00 AM							
1:00 AM							
2:00 AM							

Number of hours would you prefer to work: _____ **Minimum (12 hrs)** _____ **Maximum (19.5 hrs)**

I certify that my answers are true and complete to the best of my knowledge

Signature: _____ **Date:** _____

Contact us if you have any questions:
Diana Garcia: (949) 824-1279

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