



To:  
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u 408.864.8515 or #8515

# De Anza Dining Services

Application  
Quarter    Year  
\_\_\_\_\_

**Legal Name:** \_\_\_\_\_

(Your legal name exactly as it appears on your Visa)

**CWID (Campus Wide ID):** \_\_\_\_\_

**Phone:** \_\_\_\_-\_\_\_\_-\_\_\_\_

**Email:** \_\_\_\_\_

**READ THIS:**

Your hours must be the same on Monday, Tuesday, Wednesday, and Thursday.

Write your times in 12 hour time (AM/PM).

Monday - Thursday  
(7:00am - 5:00pm)

Time In	Time Out

**Can you work the same hours on Monday through Thursday?**

Yes

**Have you worked here before?**

- Yes
- No

**Do you have a Social Security Number?**

- Yes
- No

**How many units have you registered?** .....

**Today's Date (MM/DD/YYYY):** \_\_\_\_\_