



Sodexo Student Employment Form



Name: _____

Date: _____

Permanent Address: _____
(street)

(city, state & zip)

Home Phone/Cell Phone: _____

Campus Address: _____
(street)

(city, state & zip)

Campus Phone/Cell Phone: _____

Email: _____

How many hours per week are you interested in working? (20 or less) _____

Other than class schedule, are there any restrictions to when you are able to work?

Yes or No

Please specify: _____

Have you ever worked in food service before?

Yes or No

If yes, where and for how long? _____

Have you ever worked for Starbucks before?

Yes or No

If yes, where and for how long? _____

Are you available to begin working up to one week prior to move in day on August 27th?

Yes or No

If no, when are you available? _____

Please return forms to Sodexo Dining Services, Attention Kim Rossiter:

Kimberly.Rossiter@Sodexo.com or

600 South 43rd Street, Box 79, Philadelphia, PA 19104 or

Drop off to Dining Services office in the rear of Wilson Hall Dining Room