



To: Admin
da.hcc.foodservices@gmail.com
408.864.8515 or #8515

De Anza Dining Services

Application for Fall 2021

Legal Name: _____

(Your legal name exactly as it appears on official ID)

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

Today's Date (MM/DD/YYYY): _____