



Summer Food Service Program 2016 Employment Interest Form

Name (PRINT) _____

Signature _____

Summer Contact Information

Address: _____

Phone Number(s): _____

Email: _____

Are you available every day in July & August:

If not, please specify:

Why should you be selected to work the Summer Food Service Program?

Location preference (not guaranteed) Check One:

____ Central Kitchen

____ Serving Site