



City School District of Albany

**Summer Food Service Program 2017**  
**Employment Interest Form**

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

**Summer Contact Information**

Address: \_\_\_\_\_

Phone Number (s): \_\_\_\_\_

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

Are you available every day in July and 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