

**Food Services Division  
Los Angeles Unified School District**

**STUDENT APPLICATION FOR CAFETERIA WORK**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Grade \_\_\_\_\_ Classroom No. \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

I would like to work:

Breakfast Program \_\_\_\_\_

Nutrition Program \_\_\_\_\_

Lunch Program \_\_\_\_\_

1. Why do you want to work in the cafeteria? \_\_\_\_\_

\_\_\_\_\_

2. Teacher/School Employee Recommendation: \_\_\_\_\_

\_\_\_\_\_

**WORK RULES AND PRIVILEGES**

1. Be at your station on time daily, unless excused.
2. Call the School Food Service Manager if you will be absent from school or cafeteria work.
3. Cover hair with Food Services cap while working with food. (Manager will provide)
4. Hands must be washed prior to starting to work and after visiting the restroom.
5. You must wear an apron and gloves when working with food and be clean at all times. (Manager will provide)
6. You will receive a daily food allowance for your work. If you are already entitled to free meals, you will be entitled to receive one extra meal for your work.

**SAFETY/HEALTH RULES**

1. Wear neat, clean and appropriate clothing.
2. No running or horseplay.
3. A health check and Food Handlers Certificate from the school nurse is required prior to starting work.

I will be reliable and punctual. I will not talk unnecessarily with my co-workers and will observe all health and safety rules.

Student's Signature: \_\_\_\_\_

Teacher's approval signature: \_\_\_\_\_

Parent's approval signature (optional if 16 years or older) \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Food Handler's Certificate obtained (date) \_\_\_\_\_