

# Time Table

Please check the times you **are not available to work**  
do to classes, activities, other employment, etc.

Full Name:
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	Mon	Tues	Wed	Thur	Fri	Sat	Sun
7:00 am							
7:30							
8:00							
8:30							
9:00							
9:30							
10:00							
10:30							
11:00							
11:30							
12:00pm							
12:30							
1:00							
1:30							
2:00							
2:30							
3:00							
3:30							
4:00							
4:30							
5:00							
5:30							
6:00							
6:30							
7:00							
7:30							
8:00							
8:30							

Please indicate any additional circumstances that may prevent you from being able to work (vacations, planned events, etc.).
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When can you begin work?*
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*\* Note: Many programs have trainings **before the semester begins** and requires you to attend in order to be accepted for that position.*