



2010 Sysco ProStart Student Competition Student Registration Form

Each ProStart Team member **MUST** complete this form and submit with the other registration documents. Deadline for submission is **Monday, February 8, 2010**.

| | | |
|---|---|-----|
| Last Name | First Name | MI |
| Permanent Address | Apt. # | |
| City | State | Zip |
| Current Address (if different from above) | Apt. # | |
| City | State | Zip |
| Telephone (permanent) | (current and/or mobile) | |
| Email | Fax | |
| Date of Birth | Year in High School: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior | |

REQUIRED - Please provide names and phone numbers of three people who will know how to contact you in the next six months or more (e.g., parents, siblings, friends).

| Name / Relationship | Telephone Number |
|---------------------|------------------|
| | |
| | |
| | |

I give permission for my name and or pictures to be used by the ORA in publications about the ProStart competition.

Student Signature Date

Parent Signature Date

The NRAEF administers an equal opportunity scholarship program. The following information is optional.

Ethnic Origin: Caucasian African-American Hispanic Asian American Other: _____

Educational Information

1. Do you plan to pursue a post-secondary degree in the foodservice/hospitality industry?

Yes No (Continue to next section)



School / College Name

Major

Minor/Specialty

(Please, continue to next page)

Employment Information

2. Are you currently working in the restaurant or foodservice industry?

Yes. No,

Do [you have plans to work in the restaurant/foodservice industry in the future?](#) ≤ Yes. ≤ No ≤ [Uncertain](#)

3. Where do you work? (Name of employer) _____

4. Would you describe your work place as:

- | | | |
|--|--|--|
| <input type="checkbox"/> Fine Dining | <input type="checkbox"/> Full Service: <i>Family</i> | <input type="checkbox"/> Full Service: <i>Casual/Diner house</i> |
| <input type="checkbox"/> Quick Service | <input type="checkbox"/> On-Site | <input type="checkbox"/> Specialty Foodservice |
| <input type="checkbox"/> Cafeteria | | |

5. What is your current position or job title?

Please **check only one** box, if you do more than one thing, check the one thing job spend **MOST** of your time doing.

- | | | |
|---|--|---|
| <input type="checkbox"/> Counter Attendants | <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Food Servers, Non-restaurant |
| <input type="checkbox"/> Dishwashers | <input type="checkbox"/> Host and Hostess | <input type="checkbox"/> Cook: type _____ |
| <input type="checkbox"/> Waiter/Waitress | <input type="checkbox"/> First-Line Supervisors | <input type="checkbox"/> Manager: type _____ |
| <input type="checkbox"/> Busboy | <input type="checkbox"/> Chef: <i>type</i> _____ | <input type="checkbox"/> Combined Food: Preparation/Serving Workers |

6. Are you working part-time (PT) or full-time (FT)? PT FT

7. How long have you been employed there? _____ Months _____ Years

8. What made you choose this kind of work?

Thank you!

This information is CONFIDENTIAL and will be used for internal purposes only.