



# City of Mesquite

## Health Division

1515 N Galloway Ave. Mesquite, TX. 75149

Phone: 972-216-8138

Health Division Use Only  
Receipt #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

### Food Service Manager Application

(Please Print)

#### Application Information

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: TX Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

ID/Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Social Security # (if no driver's license #) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#### Employment Information

Place of Employment: \_\_\_\_\_ Address: \_\_\_\_\_

City: Mesquite State: TX Zip Code: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Applicant's Title: \_\_\_\_\_

Certification Training Course was provided by: \_\_\_\_\_

Date course was completed: \_\_\_\_\_

\_\_\_\_\_  
Name of Applicant (printed)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date