

WEEKLY AVAILABILITY FORM

NAME _____
(please print)

Fall Spring Summer 20 _____

Please fill-in on the schedule grid below, your **academic schedule** and any other extracurricular activities of a weekly nature, which keep you from working at any of the given times.

WEEKLY SCHEDULE							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
NORTH							
The Diner							
North Convenience Shop							
Goodies To Go							
Sneakers café							
251 North							
24 Shop							
Quantum café							
SOUTH							
South Campus Dining Hall							
South Convenience Shop							
Rudy's café							
Footnotes café							
EAST (Route 1)							
Bytes café							
E&M Café, Subway and Taco Bell							
Kim Kafé café							
Physics café							
WEST (Route 193)							
Applause café							
Creative Commons							
Encore Bar							
Mulligan's Grill							
Off The Record							
STAMP STUDENT UNION							
Adele's Restaurant							
Chick-fil-A							
Good Tidings Catering							
Taco Bell Express							
Auntie Anne's							
Sbarro							
Subway							
Coffee Bar							
Union Shop							
Maryland Dairy							
BRBeans (next to Stamp)							
ADMINISTRATION							
Business Office							
Marketing & Communication							
IT							
Procurement							
Nutrition							
IS THAT ALL?							
If you would like to work at athletic events all over campus, then Concessions is for you!							
6:00am							
6:30am							
7:00am							
7:30am							
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11:00pm							
12:00am							
1:00am							

PREFERRED WORK SITE(S): _____

DID ANYONE REFER YOU TO OUR EMPLOYMENT? YES NO
 IF YES, WHO? _____



STUDENT EMPLOYMENT APPLICATION

GREAT PAY, NO COMMUTE!

We offer flexible hours and one of the highest pay rates on campus or in the area plus one free meal every four-hour shift.

Some positions require a commitment of as little as four hours a week, some allow up to 20 hours of work a week. You can:

- Gain valuable experience for your resume
- Work your way up the ladder to Student Supervisor or Student Manager
- Make new friends on the job
- Earn money
- Apply for annually awarded Dining Services Student Employee Scholarships

MANY LOCATIONS, MANY OPPORTUNITIES!

- 2 Restaurants
- 3 Dining Halls
- 5 Convenience Shops
- 7 Stamp Union Locations
- 12 Cafés
- Catering
- Concessions
- Deliveries
- Operational Support
- Administrative Support



PERSONAL INFORMATION

NAME (First, Middle, Last)	E-MAIL ADDRESS
PHONE NUMBER (Local)	PHONE NUMBER (Cell)
ADDRESS (Local)	CITY, STATE, ZIP CODE
ADDRESS (Permanent)	PERSON TO CONTACT IN EMERGENCY (Name and Phone Number)

Are you under the age of 18? Yes No
 If "yes," can you, after employment, show proof of age and obtain a work permit?..... Yes No

Can you, after employment, submit certification of your legal right to work in the U.S.? Yes No

Have you ever been counseled or disciplined for being late or absent from work or school?..... Yes No

The U.S. Secretary of Health and Human Services has determined that certain diseases, including hepatitis A, salmonella, shigella, staphylococcus, streptococcus, giardia, and compylobacter, may prevent you from serving food or handling food equipment in a sanitary or healthy fashion. An essential part of this job involves serving food or handling food equipment in a sanitary and healthy fashion. Can you, with or without reasonable accommodation, perform this essential function of this job?..... Yes No

NOTICE: We may use the internet and social media to verify information contained in this application or information provided during any interview"

EDUCATION

NAME	CITY, STATE	# OF YEARS COMPLETED	GPA	DEGREE OR DIPLOMA	CONTACT PERSON DEPARTMENT/PHONE
HIGH SCHOOL					
COLLEGE					
OTHER					

Please list all job-related organizations, clubs, or activities you are/were involved in, except those that indicate race, religion, color, national origin, ancestry, sex, or age. Include any special skills you may have

OFFICE USE ONLY

SOCIAL SECURITY NUMBER
 STUDENT IDENTIFICATION NUMBER

I-9 FORM
 W4 FORM

WORK EXPERIENCE

COMPANY	ADDRESS	POSITION & DUTIES	SUPERVISOR NAME & PHONE	DATES EMPLOYED	REASONS FOR LEAVING
MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No				ENDING WAGE: \$	
MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No				ENDING WAGE: \$	
MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No				ENDING WAGE: \$	

Have you or any of your relatives ever worked for the University of Maryland, Taco Bell Corp., Starbucks, Sbarro, Subway, or Chick-fil-A or any franchisee of these companies? Yes No

RELATIONSHIP	COMPANY	LOCATION (CITY, STATE)	DATES EMPLOYED

REFERENCES

LIST THREE SCHOOL, WORK, OR PERSONAL REFERENCES WHO WE MAY CONTACT.
 DO NOT LIST PEOPLE WHO ARE RELATED TO YOU.

NAME	TELEPHONE NUMBER	HOW LONG HAVE YOU KNOWN THIS PERSON	RELATIONSHIP TO YOU	TYPE OF REFERENCE
				<input type="checkbox"/> SCHOOL <input type="checkbox"/> WORK <input type="checkbox"/> PERSONAL
				<input type="checkbox"/> SCHOOL <input type="checkbox"/> WORK <input type="checkbox"/> PERSONAL
				<input type="checkbox"/> SCHOOL <input type="checkbox"/> WORK <input type="checkbox"/> PERSONAL

APPLICANT'S STATEMENTS

READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID.

- The information I am presenting in this application is complete, true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omissions could result in the denial of my application, withdrawal of any offer of employment, or immediate discharge.
- I understand that in connection with the application process, the University of Maryland and its representatives may contact my former employers, educational institutions, references, and other relevant third parties to obtain additional information related to the information given by me in this application. I also understand that the University may provide such information to its parent company and affiliates and to other third parties. I hereby request, release, and consent to the release and disclosure of such information. I further release and hold harmless the University of Maryland and affiliates, their officers, employees and agents, and any other parties inquiring about, investigating, furnishing, communicating, reviewing, or evaluating such information from any and all potential claims, demands, damages, liabilities, and/or actions of any kind arising from such activities, whether known or unknown to me presently, that I may have, now or in the future.
- If employed, I agree to confirm to the rules and regulations of the University of Maryland Department of Dining Services and understand that I will be an employee at-will, and my employment may be terminated at any time by me or Dining Services, with or without notice, for any reason. I understand that only the Director of Dining Services has the authority to make any agreement contrary to the foregoing.

APPLICANT'S SIGNATURE

DATE