



Cool Beans
24SHOP!

Student Employment Application



Welcome to Dining Services at the University of Maryland



Goodies-to-Go

Thank you for your interest in joining the University of Maryland team. Before you complete this application we want you to know the guiding principles for members of our team.



Rudy's cafe

Our Guiding Principles are to:

Physics Espresso Cart



- The Guest Comes First!
- Demonstrate a positive commitment to the team and embrace a common ownership of our mission and vision.
- Provide a clean, comfortable dining environment.
- Provide friendly, courteous service, and always greet our guests with a smile.
- Provide quality products with hot food hot and cold food cold.
- Provide quick and efficient service.
- Listen to our guests concerns, comments and suggestions.
- Create a positive environment
- Have Fun!



Al's Grill



Bull's



California Deli



LUIGI'S



@Sweets



the New Yorker



SPROUTS



THE COMMONS SHOP

LEONARDTOWN SHOP

THE PRO SHOP

UNION SHOP

KIM KAFE



Our Mission

Superior Service
Employee Empowerment
Responsiveness
Vision
Excellence in ALL We Do!

Vision

Dining Services vision is to provide superior customer satisfaction and memorable dining experiences. Dining Services also strives to enhance the campus community by creating a successful and positive academic experience.

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

Have you ever been convicted of a felony, a crime involving dishonesty, or a crime involving violence to another person?* Yes No

If yes, please describe, including dates charged, penalties, and current disposition. Note: Convictions are not an automatic disqualification from employment.

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.

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 | REASON FOR |
|--|---------|------------------------|-------------------------|-----------------|------------|
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 |
|-----------------------|------|

WEEKLY AVAILABILITY FORM

NAME _____

(please print)

Fall / Spring / Summer (Circle One) 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.

NORTH

- The Diner
- North Campus Shop
- Goodies To Go
- Sneakers Energy Zone
- The Pro Shop
- 251 North
- 24 Shop
- Cool Beans

SOUTH

- South Campus Dining Room
- Commons Shop
- Rudy's Café
- Footnotes Café

EAST (Route 1)

- Bytes @ A.V. Williams
- E&M Deli and Coffee Shop
- Kim Kafe
- The Dairy
- Leonardtown Shop
- Physics Espresso Cart
- Taco Bell Express

WEST (Route 193)

- Applause Café
- Encore Bar
- Mulligan's Grill
- University of Maryland Golf Course

STAMP STUDENT UNION

- Adele's
- Chick-fil-A
- University of Maryland Catering
- Taco Bell Express
- Marketplace Delicatessen
- Sbarro
- Subway
- The Coffee Bar
- The Union Shop

ADMINISTRATION

- Business Office
- Marketing & Graphic Design
- Web Maintenance

IS THAT ALL?

If you would like to work at athletic events all over campus, then University of Maryland Concessions is for you!

| WEEKLY SCHEDULE | | | | | | | |
|-----------------|--------|--------|---------|-----------|----------|--------|----------|
| Time | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| 6:00am | | | | | | | |
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| 10:00pm | | | | | | | |
| 11:00pm | | | | | | | |

PREFERRED WORK SITE(S): _____

DID ANYONE REFER YOU TO OUR EMPLOYMENT? YES NO

IF YES, WHO REFERRED YOU? _____