

Weekly Availability Form

Name _____

Semester: Fall Spring Summer Year 20_____

Did anyone refer you to our employment? Yes No
 If yes, who? _____

Preferred work site(s): _____
(see insert for detailed listing)

Please shade in all times you are available to work:

YOUR WEEKLY AVAILABILITY							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:00 am							
6:30 am							
7:00 am							
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8:00 am							
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11:30 pm							
12:00 am							
12:30 am							
1:00 am							

v.06/14/2018

Return via email: schrimpe@umd.edu
 Return via mail: Sister Maureen Schrimpe, University of Maryland, 1150 South Campus Dining Hall, College Park, Maryland 20742

University of Maryland Dining Services STUDENT EMPLOYMENT Application



Free meal
 (for every 4 hours worked)

We work with your schedule—
 as little as 4 hours per week

No experience needed

Scholarships available

Employee advancement

Valuable life skills

Federal work study accepted

INSTRUCTIONS

Complete this application, then return via email to **schrimpe@umd.edu**
 or via mail to **Sister Maureen Schrimpe, University of Maryland,**
1150 South Campus Dining Hall, College Park, MD 20742

If you have a resume, please attach it to this application and fill out
 Personal Information, References, and the Applicant's Statements.

PERSONAL INFORMATION

Name (first, middle, last)	Email
Phone (local)	Phone (cell)
Address (local)	Address (permanent)
Emergency Contact (name and phone)	
Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," can you, after employment, show proof of age and obtain a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you, after employment, submit certification of your legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been counseled or disciplined for being late or absent from work or school? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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	# Years Completed	Degree / Diploma
High School			
College			
Other			
Please list all your job-related skills:			

OFFICE USE ONLY

<input type="checkbox"/> Social Security Number <input type="checkbox"/> Student ID Number	<input type="checkbox"/> I-9 Form <input type="checkbox"/> W-4 Form
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WORK EXPERIENCE

Company	Position & Duties	Supervisor Name & Phone	Dates Employed	Reason(s) for Leaving
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 franchise of these companies? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Relationship	Company	Location (city, state)	Dates Employed	

REFERENCES

List three (3) school, work, or personal references whom we may contact. Do not list family relations.				
Name	Phone	Time Known	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.

1. 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.
2. 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 hereby request, release, and consent to the release and disclosure of such information. I further release and hold harmless the University of Maryland, 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.
3. 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