



University of Maryland Dining Services

STUDENT EMPLOYMENT APPLICATION

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**

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	

EDUCATION

Name	City, State	# Years Completed	Degree / Diploma
High School			
College			
Other			

Please list all your job-related skills:

WORK EXPERIENCE

Company	Position & Duties	Supervisor Name & Phone	Dates Employed	Reason(s) for Leaving

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. 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
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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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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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