

University of Maryland Dining Services STUDENT LEADER Application

PERSONAL I	NFORMATION
Name (first, middle, last)	Email
Phone (local)	Phone (cell)
Address (local)	
Are you a registered student this semester?	
If YES: How many credits? Academic Level	Major
Are you currently employed by Maryland Dining or another	· ·
If YES, where:	
Were you terminated? Yes No If YES, why	
What position are you applying for?	

State briefly why you are applying for this position. Please include previous work experience that may be helpful.

STUDENT AGREEMENT:

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.

As a student, my academic career comes first; therefore I understand that I will not be required to work more than 40 hours per week during the academic semester.

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. I also understand that I will be required to start at the base salary of the position unless otherwise stipulated or provided for by University Personnel Policy.

Applicant's Signature	Date

Weekly Availability Form

Name				
Semester:	🗆 Fall	Spring	Summer	Year 20
Preferred wo	ork site(s):			

Please shade in all times you are available to work:

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