



UConn Department of Dining Services EMPLOYMENT APPLICATION

Revised 2016

3384 Towers Loop Rd.
Storrs, CT 06269-4071
Phone: (860) 486-0470
Fax #: (860) 486-4276

Applicant Information

Full Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ E-mail Address: _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you legally authorized to work in the United States? YES NO

Have you ever worked for this company? YES If so, when? _____ NO

Availability: _____

Will Accept: Full-Time Part-Time Temporary

Shifts: Day Evening Rotating

Education

High School: _____ Address: _____

Did you graduate? _____ Diploma: _____

College: _____ Address: _____

Did you graduate? _____ Degree/Major: _____

Other: _____ Address: _____

References

Please list two professional references that we may contact at any time:

Full Name: _____ Relationship: _____

Company: _____ Phone: (_____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (_____) _____

Address: _____

Previous Employment

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact this supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact this supervisor for a reference? YES NO

Skills and Qualifications

Please list your skills and qualifications for this job:

Special Certifications and/or Licenses

Certificate/License Name	Year Acquired	Expiration Date	Certificate/License Number

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than Honorable, explain: _____

Disclaimer and Signature

AGREEMENT: I understand that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by UConn Dining Services. I understand and agree that if hired, my employment may be at-will in nature, if not by union contract, and if an "at will" position, it may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supercedes any and all oral representation made by agents or representatives of this company.

This certifies that this application was completed by me. All entries on it, and information in it, are true and complete to the best of my knowledge. I understand that false answers, statements, or significant omissions shall be sufficient cause for denial of employment or discharge from employment. Applications may not be considered if there is missing information and/or signatures.

I understand that as a Dining Services Emergency Support Services Department employee, I may be required to work scheduled or unscheduled overtime or accommodate changes in my regular shift, with or without notice, in accordance with company rules, policies, procedures and/or collective bargaining agreement. This may include evening hours, weekends, and/or any other change in schedule as required by business needs, which may include hours during a University shutdown or closure.

I understand that if considered for employment, I must successfully submit to a pre-employment physical exam, drug screen, and a background check. Therefore, I hereby authorize any individual, firm, company or public agency to divulge all information, verbal or written, pertaining to me to SSC (Security Systems of Connecticut), Med-East, and /or National Student Clearing House or its agents. I release from liability all persons, companies and agencies supplying such information. I understand the scope of investigation may include, but is not limited to, a drug screen, physical exam, verification of social security number, current and previous residences, employment history, education, character references, credit history, criminal history, birth records, and motor vehicle records. Failing any part of the background check, drug screen, and/or physical exam may result in revocation of the job offer.

Signature of Applicant: _____ Date: _____

Date of Birth: _____

Former Address: _____

Former/Alternate Names(s): _____



UNIVERSITY OF CONNECTICUT

DIVISION OF STUDENT AFFAIRS

Department of Dining Services

EEO-1 Self Identification Form

Employee Name (Print): _____

Date: _____

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to invite applicants to self-identify gender and race and complete an EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department.

GENDER: (Please check one of the options)

FEMALE

MALE

RACE/ETHNICITY: (Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

I choose not to disclose my information.