



◆ CONFERENCE CENTER ◆

P. O. Box 297, Jamison, PA 18929
(215) 343-8840 • FAX (215) 343-8849
www.diamonddridgeconferencecenter.com

FOOD SERVICE APPLICATION

Who referred you, or how did you hear about Diamond Ridge Conference Center? _____ Date of Application _____

Please list days and hours of availability to work _____

Date you can start _____

PERSONAL INFORMATION

Optional at time of application.

Name _____
Last First Middle

Birthdate _____ T-Shirt Size _____

Home Address _____

Social Security # _____

City, State, ZIP _____

Home Phone () _____ Cell Phone () _____

E-mail Address _____ Present Occupation _____

EDUCATION HISTORY

Schools Attended	City/State	Major/Degree (if applicable)	Did you graduate?
Jr. High _____	_____	_____	_____
High School _____	_____	_____	_____
College(s) _____	_____	_____	_____

EMPLOYMENT HISTORY

START WITH THE MOST CURRENT

Place	City/State	Position Held	Dates Employed	Supervisor
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

If you have more employers to list, please attach a separate sheet to this application. Thank you.

FOOD SERVICE EMPLOYMENT HISTORY

START WITH THE MOST CURRENT

Place	City/State	Position Held	Dates Employed	Supervisor
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

REFERENCES**ALL INFORMATION IN THIS SECTION MUST BE COMPLETED**

Include 3 former employers, supervisors, instructors, teachers, coaches. Do not include relatives or people employed by Diamond Ridge Conference Center. Beside completing this section, you must have two reference forms sent to the Office prior to your interview from two of the three people.

Name	Their Position/Title	Years Known	Place of Employment (if applicable)	Phone with Area Code
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

TRANSPORTATION

1. Do you hold a CDL (Commercial Driver's License)? Yes___ No___
2. Driver's License # _____ State _____ Expiration Date _____
Please include a copy of your license with this application.
3. List any traffic citations/accidents during the last 3 years and the outcome/penalty/points.

CONFIDENTIAL QUESTIONNAIRE

1. Do you have any impairments - physical, mental or medical - which may affect your work performance that should be taken into consideration in job placement? Yes___ No___ If yes, please explain.
2. Have you ever been convicted of any criminal charge? Yes___ No___ If yes, please explain.
3. Have you ever been convicted of a child abuse or sexual abuse charge? Yes___ No___ If yes, please explain.
4. Have you ever been convicted of any charge which has led to a restriction on your Driver's License or which would appear on a Motor Vehicle Check?
Yes ___ No___ If yes, please explain.

By signing below, I understand the following:

- (1) Acceptance of a position at DR Conference Center denotes that I agree to abide by all Conference Center policies, rules and regulations .
- (2) All information given is accurate to the best of my knowledge. It is my responsibility to notify the Conference Center if any personal information or status of information requested changes before the start of employment.
- (3) Employment history, references and other information on this application will be carefully investigated.
- (4) It is my responsibility, after offer of employment, to provide the Conference Center with a current State Criminal Background Check and a Child Abuse Clearance at my expense (\$10 each). You may submit a certification/clearance from another employer only if it is from the current school year. The Conference Center reserves the right to complete a background check as allowed by law.
- (5) It is my responsibility to have two completed reference forms sent to the office.
- (6) I understand that part of the Conference Center experience involves activities and arrangements and interactions that may be new to me, and that they come with certain risks and uncertainties beyond what I am used to dealing with at home. I am aware of these risks, and I am assuming them. I realize that no environment is risk-free and understand the importance of abiding by the Conference Center rules.

Applicant's Signature _____ Date _____

AN EQUAL OPPORTUNITY EMPLOYER

Diamond Ridge Conference Center

EMPLOYMENT REFERENCE

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Directions to Applicant:

Fill in all information within the boxed section on this page and reverse side before sending form to the individual who will be completing the reference for you.

Reference sent to for completion:	➔	Name _____ Street Address _____ City _____ State _____ Zip _____
I hereby release employers and other sources from all liability in responding to this Reference Inquiry.		
Applicant Name (please print) _____		Soc. Security # _____
Applicant Signature _____		Date _____
Parent/Guardian Signature (if minor) _____		

The above-named applicant is seeking employment with Diamond Ridge Conference Center and has authorized such to check references. We will, of course, hold in confidence the information you furnish. Your assistance is greatly appreciated.

What is your connection with the applicant? _____

How long have you known him/her? (give dates) _____

If you have employed him/her, please state in which capacity. _____

Why did he/she leave your employ? _____

If you had a position available, would you re-hire this person? Why or why not? _____

Please rate him/her on the following from your observations:

	Good	Fair	Poor	<u>Comments</u>
<u>Attitude</u>				
<u>Cooperation</u>				
<u>Enthusiasm</u>				
<u>Flexibility</u>				
<u>Initiative</u>				
<u>Leadership</u>				
<u>Responsibility</u>				
<u>Takes criticism well</u>				
<u>Attendance/Promptness</u>				
<u>Loyalty & Honesty</u>				

Additional Comments: _____

Print your Name: _____ Signature: _____

Organization/Company: _____ Position: _____

Date: _____ Daytime Phone Number: _____ Best Time to Contact: _____

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