

rshelton@houstonk12tn.net

Phone: (931) 289-4148

Fax: (931) 289-5543



Houston County Child Nutrition

Eat Right – Future Bright

Rachel Shelton
Child Nutrition Director
Po Box 209
Erin, Tennessee 37061

School Food Service Application

I am applying for employment in School Food Service as:

Name: _____

Address: _____

Phone Number: _____ Cell: _____

Alternate Phone Number: _____ Available start date: _____

Social Security Number: _____ DOB: _____

Do you have a High School Diploma or GED? Yes No

Is there any accommodation needed to work for us? Yes No

I would like to be used as a substitute worker: Yes No

CAFETERIAS I WOULD LIKE TO WORK/SUBSTITUTE IN: (Please Circle)

EES

HCHS

TRES

HCMS

Please read & answer the below statements.

1. Have you been convicted of a felony in the U.S.? _____
2. Have you been dismissed from any previous employment for improper or unprofessional conduct, inefficient services, neglect of duties, incompetence or insubordination? _____
3. Are you a U.S. citizen or have you obtained proper working credentials? _____
4. Do you have a contagious or communicable disease which may endanger the health of school children or others? _____
5. Do you understand that the misrepresentation of any of the above statements may subject you to loss of opportunity for employment, loss of position, if employed? _____
6. Do you have any lifting restrictions and/or currently under a doctor's care? _____
7. If hired, do you understand that you will be on a 90 day probation period, which will be reviewed at the end of the 90 days with the manager and food service director? _____
8. I have read and understand the current job description has been explained by the FSC. _____

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Education Background (in order beginning with high school):

School	Location	Degree	Date	Major

Work Experience:

Name of Employer	Type of Work	Years Worked

References:

Name	Relationship	Phone Number

I give permission to the Food Service Coordinator to contact my previous employers.

Signature

I give the Food Service Coordinator permission to contact any of the references that I have listed.

Signature

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If employed, I agree to learn and cheerfully carry out all Federal, State and County Regulations established for the meal programs as well as the policies concerning School Food Service made by The Houston County Board of Education. To attend all meetings/workshops if hired permanently. To work the scheduled number of hours that I am asked to work. To follow policies regarding cleanliness, jewelry, nails, hair, clothing, shoes while working in food services. I know that I am not allowed to have visitors in the kitchen during working hours and discourage all children from coming to see me while on duty. I agree to use the phone only in business and emergency matters. I agree to smoke only during times manager has explained to me and only in designated areas. If employed, I agree to carry out all additional duties deemed necessary for program implementation.

Signature

Printed Name

Date

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866)632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;
- (2) Fax: (202)690-7442; or
- (3) Email: program.intake@usda.gov.

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