

Name _____

SUPPLEMENT TO THE APPLICATION FOR DIETARY AID

Instructions: Dietary Aids prepare special diet cold foods and assemble individual meal trays for patients on regular and special therapeutic diets. They do not cook. Complete a separate section below for each job where you did such work. All employers listed here should also be listed on the job application. Use additional sheets as necessary.

Employer A _____ Type of Business _____

Job Title _____ Dates in Position
(From & To, Month & Year) _____

Supervisor Name _____ Supervisor Title _____

Check () the special diet trays you prepared in this position. Be sure to give specific examples of the kinds of foods you used.

_____ House: _____

_____ Soft: _____

_____ Liquid: _____

_____ Bland: _____

_____ Diabetic: _____

_____ Low Cholesterol: _____

_____ Low Sodium: _____

_____ High Protein: _____

_____ High Carbohydrates: _____

_____ Vegetarian: _____

_____ Other (describe): _____

Employer B _____ Type of Business _____

Job Title _____ Dates in Position
(From & To, Month & Year) _____

Supervisor Name _____ Supervisor Title _____

Check () the special diet trays you prepared in this position. Be sure to give specific examples of the kinds of foods you used.

_____ House: _____

_____ Soft: _____

_____ Liquid: _____

_____ Bland: _____

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_____ Diabetic: _____
_____ Low Cholesterol: _____
_____ Low Sodium: _____
_____ High Protein: _____
_____ High Carbohydrates: _____
_____ Vegetarian: _____
_____ Other (describe): _____

Employer C _____ Type of Business _____
_____ Dates in Position _____
Job Title _____ (From & To, Month & Year) _____
Supervisor Name _____ Supervisor Title _____

Check () the special diet trays you prepared in this position. Be sure to give specific examples of the kinds of foods you used.

_____ House: _____
_____ Soft: _____
_____ Liquid: _____
_____ Bland: _____
_____ Diabetic: _____
_____ Low Cholesterol: _____
_____ Low Sodium: _____
_____ High Protein: _____
_____ High Carbohydrates: _____
_____ Vegetarian: _____
_____ Other (describe): _____

I certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever discovered, is grounds for the denial of or immediate separation from employment.

Signature: _____ Date: _____