NAME: _____

SUPPLEMENT TO THE APPLICATION FOR FOOD SERVICE SUPERVISOR

<u>Instructions</u>: Fill in a separate form for each position you held which involved <u>quantity cooking</u>. Be sure to list each change in title or promotion separately. This form may be duplicated or use plain sheets of paper for each additional position.

1.	Employer's name and address:	
	a. Period employed (month/year):FromTo	
	b. Indicate your employer's type of establishment (for example: restaurant, hotel, school, hospital, institution, etc.):	
2. Т	e of your position:	
	 a. Period you were employed in this position (month/year): From To b. Average number of hours worked per week: 	
3.	Average number of meals you prepared daily (check one): Less than 100:; 200 – 299:; 300 or more:; 300 or more:]; 300 or more:]]; 300 or more:]]]; 300 or more:]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]	
4.	The number of type(s) of people you worked with in preparing and cooking the meals (for example: two helpers, one cook, etc.)	-
5.	Type of supervision <u>you received (check one)</u> : Close and constant; indirect and occasiona; worked independently/little or no supervision	ıl
6.	List the names and titles of your immediate supervisors:	
7.	Did you supervise others in the preparation and cooking of the meals? (check one) \Box Yes \Box No	
If yo	answered "yes," complete the following:	
a.	How long have you supervised others in this capacity?	
b. cook	List the number and type(s) of workers you supervised (for example: three salad makers, one tc.):	fry
c.	Did you arrange and maintain work schedules? □ Yes □ No	

(Food Service Supervisor Page 1 of 2)

8. Check off the cooking methods you performed in this job and indicate the types of foodstuff you typically prepared for each of the cooking methods you had checked.

Br	
	oiling:
Bo	biling:
Ste	eaming:
Ro	pasting:
Bra	aising:
Sa	uteing:
Ba	king:
Ot	her types (specify method and foodstuff prepared):

9 List the types of major kitchen equipment or appliances you used (for example: steam cooker, meat slicer, Hobart mixer, etc.):

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: _____