
Dartmouth Dining Services Student Profile

Name: _____ Dartmouth Class: _____

Work Area: _____ Term: _____

DID#: _____ Phone Number: _____

Barcode Number
(on Dartmouth ID 2331100xxxxxx)

Last Seven Digits _____

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Are you taking classes this term? Yes ___ No ___

Have you worked on Campus Before? Yes ___ No ___

If no, you must see Student Employment in the lower level of Thayer Dining Hall about filling out a W-4 and I-9 employment forms.

I, _____ (Print Name) have read and understood the following documents which outline my obligations and responsibilities as an employee with Dartmouth Dining Services:

- a) Student Employee Contract
- b) DDS Student Wage Structure
- c) DDS Attendance Policy
- c) DDS Student Employee Manual

I agree to comply with the requirements for _____ (specify Assoc I, Assoc II, Supervisor, or Area Manager) position and am aware that failure to do so will result in forfeiture of the employee discount, per term increases and possible termination.

By signing this form I understand and acknowledge that I have read and agree to abide by the policies for the Department of Dining Services. I understand that progressive warnings and discipline will result if said policies are not followed.

Signature

Date

NOTE: Please make sure to fill in Assoc I, Assoc II, Supervisor, or Area Manager above. If this space is left blank DDS will consider the employee an Associate I. Supervisor and Area Manager positions are promotional positions and are verified with the Managers. Please refer to the chart on the reverse side for hour requirements for each position.

DDS Office Use Only

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Kronos _____

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