



**Revised July 2021**



## REQUEST TO HIRE PART-TIME CAFETERIA SUBSTITUTE APPLICANT HANDOUT

Thank you for your interest in employment with the Department of Food and Nutrition with Miami-Dade County Public Schools (M-DCPS). As part of the hiring process, applicants must provide their Social Security Number, complete a questionnaire that requires disclosure of any criminal history and be fingerprinted. Listed below are job tasks and an overview of the Hiring Process for the Cafeteria Substitute position:

### Job Tasks:

1. Preparation of school meals
2. Operating food service equipment such as serving line, oven, slicer, food chopper, mixer, and steamer
3. Assists with inspection, inventory, receiving and delivery of food and supplies
4. Serves meals to students and assists all food service employees
5. Cleans kitchen, equipment, and facilities
6. Willing to be trained and to perform all other duties pertinent to the food service operation

### Job Requirements:

- Physical activities include, but are not limited to, bending, reaching, standing, lifting (30 pound minimum without assistance) and walking.
- Must have the ability to read, write, and understand written instructions.

### Hiring Process Instructions:

1. Applicant is to create a profile, complete questionnaires and submit online application for the **Cafeteria Sub (Step 6)** position by registering and accessing the application portal at <http://jobs.dadeschools.net/Apply.asp>
  - Instructions on how to submit an online application can be found at <http://dadeschools.net/supportpersonnelstaffing/> and click on *How to Apply*.
2. The **Request to Hire Part-time Cafeteria Substitute** form, along with the **2** required references, are sent to the Food and Nutrition Supervisor for further processing

#### **Criteria for the 2 references:**

✓ **PERSONAL REFERENCE**

One personal reference letter (in English) that includes the date (within a 6-month time period), phone number and signature of the person writing the letter.

✓ **PROFESSIONAL REFERENCE**

A reference letter (in English) from previous/current employer on the company letterhead including date (within a 6-month time period), phone number and signature

OR

A completed Office of Non-Instructional Reference Evaluation Form (See attached)

3. Upon signed final approval of the **Request to Hire Part-Time Cafeteria Substitute** form by the Food and Nutrition Officer, Ms. Penny Parham, you will be contacted by the Department of Food and Nutrition to ensure proper steps were followed in completing the M-DCPS Candidate Profile, Questionnaire, attaching the scanned reference letters, and submitting the online application.
  - The following information is needed to complete your online application:
    - Social Security Number
    - Email address and password; if applicant does not have an email account, assistance will be given to create one.
4. After completing the online application and verification of references, you will receive 2 emails with detailed instructions for further processing (Fingerprinting and to complete I-9 paperwork).
5. Once you have completed all the steps of the hiring process **AND** have been cleared for employment, you will be contacted to attend the **New Employee Orientation** conducted by the Department of Food and Nutrition. All employees must attend the Department of Food and Nutrition's New Employee Orientation before working in the school cafeteria. **There are no exceptions.**



Revised July 2021



REQUEST TO HIRE PART-TIME CAFETERIA SUBSTITUTE (Job Code #5727)

APPLICANT INFORMATION: (to be completed by applicant)

Full Legal Name (First Name) (Last name)	
Contact Phone Number	Employee # (if applicable)
<b>Applicant Acknowledgement:</b> You are being offered an assignment for a part-time food service substitute position. This position does not guarantee permanent status, permanent employment, or employment at a specific location with the Department of Food and Nutrition. You have received the APPLICANT HANDOUT outlining the hiring process and job responsibilities. Your signature below confirms your agreement and acceptance with the conditions of this position.	

SCHOOL INFORMATION: (to be completed by manager)

Location #	Location Name
Cafeteria Phone Number	
<i>Note: No one is to be scheduled to report for work until written notice from the Department of Food and Nutrition has been received verifying the hiring process is complete and the applicant is hired. There are no exceptions. Employees cannot be paid for hours worked prior to their official date of hire.</i>	
Requesting Manager's Name (print clearly)	

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Manager's Signature Date

All 2 required reference letters must be included with this request.  
Applicant cannot be processed until letters have been received.

Principal has been informed of intent to hire

To be completed by Supervisor:

Current/Most Complete Week:

Labor Hour Standard	MPLH	Meal Equivalents
Current # of Hours Scheduled	Surplus # of Hours Available	
Justification for part-time food service substitute assignment: _____		
_____		
_____		
<i>Supervisor must attach staffing worksheet and supporting documentation for MPLH/participation and 2 reference letters.</i>		

\_\_\_\_\_  
Supervisor Signature Date

APPROVALS

\_\_\_\_\_  
District Supervisor Date

Approved  Denied

\_\_\_\_\_  
Director of Operations Date

Approved  Denied

\_\_\_\_\_  
Director of Personnel Date

Approved  Denied

\_\_\_\_\_  
Food and Nutrition Officer Date

Approved  Denied

2 applicant reference letters included

Profile/Application Submitted  yes  no

OFFICE USE ONLY:

Applicant contacted: \_\_\_\_\_  
Employee Profile Completed: \_\_\_\_\_  
Offer Letter Sent: \_\_\_\_\_  
New Employee Orientation: \_\_\_\_\_

HIRING STATUS

HS \_\_\_\_\_  
VER ELIG \_\_\_\_\_  
FP \_\_\_\_\_  
POOL \_\_\_\_\_

NOTES:

Employee # \_\_\_\_\_



## OFFICE OF SUPPORT PERSONNEL STAFFING REFERENCE EVALUATION FORM

(For professional reference ONLY for the Department of Food and Nutrition and Department of Transportation)

<b>TO THE APPLICANT</b>	Please print your name, telephone, e-mail address and position applying for, prior to your submission of this form to the individuals who will provide the reference evaluations. <b>Please scan and attach the completed form to your candidate profile.</b>
-------------------------	---

(Last)	(First)	Phone #	E-Mail
--------	---------	---------	--------

<b>POSITION APPLYING (check one)</b>	<input type="checkbox"/> School Bus Driver	<input type="checkbox"/> School Bus Aide	<input type="checkbox"/> Food Service Worker
--------------------------------------	--	--	--

<b>TO THE EVALUATOR</b>	The applicant named above is applying for a position with the Miami-Dade County Public School system. We would appreciate having you evaluate the applicant in the following categories. Your cooperation is appreciated. Thank you.
-------------------------	--

(Last)	(First)	Title
--------	---------	-------

Name of Business	Address	Phone #
------------------	---------	---------

Please mark appropriate box with a check mark.

	GOOD	NEEDS IMPROVEMENT	UNABLE TO RATE
Efficiency/Productivity			
Attendance			
Use of Logical Judgement			
Ability to Work with Others			

1. How long have you known the applicant? \_\_\_\_\_
2. In what capacity? \_\_\_\_\_
3. Would you recommend the applicant for position applied for (if no, explain)? \_\_\_\_\_  
\_\_\_\_\_
4. Please share general comments about the applicant. \_\_\_\_\_  
\_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For questions related to this form, please contact our office at 305-995-7208.

<b>SUPPORT PERSONNEL STAFFING OFFICE USE ONLY</b>	Name: _____ Date Verified: _____ Signature: _____
---	--