

SUPERVISED PRACTICE ROTATIONS



AVI Student Application for Supervised Practice Rotations in partnership with Cleveland Clinic Regional Hospitals

All information must be typed / printed in ink

Date _____

Name _____
(Last) (First) (Middle or Maiden)

(Primary Phone Number) (Secondary Phone Number) (E-mail address) (Social Security Number)

Present Address

(Street) (Apt #)

(City) (State) (Zip Code) (Phone)

Permanent Address (If different)

(Street) (Apt #)

(City) (State) (Zip Code) (Phone)

College/University

Overall GPA Actual or Expected Date (Month/Year) Actual or Expected Date (Month/Year)
Baccalaureate Degree conferred. DPD Course requirements completed.

Foreign Applicants: Designate Immigration Status _____ Expiration Date: _____

Do you have the legal right to work in the U.S.?
 Yes No

If hired, can you provide evidence of your legal right to
work in the U.S.? Yes No

In the event of an emergency, who should we notify?

(Name) (Relationship)

(Cell Phone Number) (Home Phone Number) (Work Phone Number)

NOTE: PLEASE PROVIDE A CURRENT COPY OF YOUR COLLEGE TRANSCRIPT WITH THIS APPLICATION.

AVI FOODSYSTEMS, Inc. subscribes without reservation to all federal, state and local statutes which prohibit discrimination in employment because of race, creed, color, age, sex, sexual preference, religion, national origin, disability, or veteran's status. Answers to information requested in this application will be evaluated solely for the purpose of determining your qualifications to perform the job for which you are applying.

Have you been convicted of a felony? Yes No If yes, state conviction, date and description. **List all.** _____

Have you been convicted of a misdemeanor (other than a traffic offense)? Yes No If yes, state conviction, date and description. **List all.** _____

Massachusetts Applicants **ONLY**: Limit any response regarding misdemeanor convictions to the last five (5) years and to those which were not a first offense for drunkenness, simple assault, affray, speeding, a minor traffic violation or disturbing the peace.

A criminal conviction will not necessarily disqualify you from consideration.

The supervised practice rotations program provided by AVI Foodsystems, Inc. at Cleveland Clinic Regional Hospitals is in three areas. These are **medical nutrition therapy**, **clinical management** and **food service management**. Please identify the areas you are applying for: (You may request more than one)

- Medical Nutrition Therapy Clinical Management Food Service Management

Education: List all colleges or universities attended, with most recent listed first.

College/University	City and State of College/University	Start and End Dates (Month/Year)	Degree

Recommendations: List the names of the two (2) individuals who will complete your recommendation forms.

Name	Title	Address	E-mail and Phone
			Email: Phone:
			Email: Phone:

Honors and/or extracurricular activities after beginning college: List organizations, appointed or elected offices held, scholarships, honors, and certifications received. Include dates for honors.

Professional Organization Memberships: List professional organizations of which you are a member.

Work experiences: List most recent work experiences, including volunteer, beginning with the most recent. Indicate if the experience was paid, volunteer or part of a practicum/field experience associated with a college course. Briefly describe key responsibilities. When indicating the amount of hours, use hrs/wk for reoccurring work and volunteer experiences and total hours for limited time volunteer and practicum/field experiences. (Note: if you have professional dietetics work experience from over five years ago, you may include it.) Use additional pages as needed.

<i>Name of Employer / Organization</i>	<i>Position Title</i>	<i>Start and End Dates (Month/Year)</i>	<i>Hrs/Wk or Total Hours</i>	<i>Paid, Volunteer, or Practicum</i>
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1.

Supervisor's Name and Title:

Email:
Phone:

Key Responsibilities:

2.

Supervisor's Name and Title:

Email:
Phone:

Key Responsibilities:

3.

Supervisor's Name and Title:

Email:
Phone:

Key Responsibilities:

4.

Supervisor's Name and Title:

Email:
Phone:

Key Responsibilities:

5.

Supervisor's Name and Title:

Email:
Phone:

Key Responsibilities:

6.

Supervisor's Name and Title:

Email:
Phone:

Key Responsibilities:

The Secretary of Health and Human Services has determined that certain diseases, including hepatitis A, salmonella, shigella, staphylococcus, streptococcus, giardia and campylobacter may prevent you from serving food or handling food equipment in a sanitary or healthy fashion. An essential function of this job involves handling and serving food, food service equipment and utensils in a sanitary and healthy fashion. Is there any reason why you cannot perform the essential functions of this job? Yes No

If yes, explain: _____

Please read the following statements carefully as they constitute the conditions under which you may participate in the practice rotations through AVI FOODSYSTEMS, Inc.

I agree and understand that as a condition of participation in this program:

- (1) A physical examination with results satisfactory to the company may be required.
- (2) I hereby give AVI FOODSYSTEMS, Inc., the right to make a thorough investigation of my past employment, education, and activities and I will release from all liability all persons, companies, and corporations supplying such information. The types of information in the report that may be obtained include but are not limited to: social security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference checks; credit reports; licensing and certification checks and drug testing results. I indemnify AVI FOODSYSTEMS, Inc. against any liability which might result from making such investigations. I understand that any false answer, statement, implication or omission made by me in this application process in required documents shall be considered sufficient cause for denial of participation in the practice rotations or termination of such. I am advised that a negative background check will not necessarily disqualify me from participation. However, if I do not meet the AVI FOODSYSTEMS, Inc.'s standards and/or those of the AVI FOODSYSTEMS, Inc.'s client, my participation in the practice rotations could be subject to termination. The information obtained through these investigations may be released to the AVI FOODSYSTEMS Inc.'s clients as required to gain entrance into facilities for business purposes.
- (3) I further understand that nothing contained in this application to participate or in the granting of an interview is intended to create an employment contract between AVI FOODSYSTEMS, Inc. and myself. No promises regarding employment have been made to me. If an employment relationship is established, I understand that my employment may end at the will of my employer at any time without notice. I also understand that no one except the President and CEO of AVI FOODSYSTEMS, Inc. is authorized to make any statements or promises limiting the company's right to terminate my employment at will.
- (4) I agree that any claim or lawsuit relating to my service with AVI FOODSYSTEMS, Inc. must be filed no later than two years after the date of the action that is the subject of the claim or lawsuit. I waive any longer statute of limitations.
- (5) A pre-employment drug screening test may be required. Evidence of illicit drugs in my system does disqualify me from participation in the program.
- (6) This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature

Date

Preparer and/or Translator Certification: To be completed and signed if application is prepared by a person other than the applicant. I attest that I have assisted in the completion of this application and that to the best of my knowledge the information is true and correct. The applicant must sign above.

Preparer's / Translator's Signature

Date