NDHA 100-HOUR PRACTICAL
FOODSERVICE WORK EXPERIENCE

WORK EXPERIENCE CRITERIA
PREREQUISITE TO FCNS 320
100-HOUR PRACTICAL FOODSERVICE WORK EXPERIENCE GUIDELINES
AND WORK VERIFICATION STATEMENT
GUIDELINES FOR NDHA MAJORS:

Purpose
NDHA majors are expected to acquire work experiences relevant to their major. These experiences will enhance the student’s learning in their courses and will strengthen their resume. These materials relate only to foodservice experiences. The students should plan to discuss health/nutrition care with their advisor.

The practical work experience is to provide students with exposure to the food service field, and familiarize them with responsibilities and commitments made by professionals in the industry.

Students are expected to:

1. Develop an understanding of how a food service facility operates.
2. Demonstrate ability and interest in food preparation, service, sanitation, and management.
3. Understand the duties of management and staff in the operation.

General Information

1. The practical work experience is required in the major and must be completed prior to enrollment in FCNS 320 Quantity Food Production. No academic credit is given for the practical work experience but its completion must be recorded in the student’s record.

The Work Verification Statement should be submitted as early as possible prior to enrollment in FCNS 320; however, the statement must be submitted and approved by the first day of class. If the Work Verification Statement is not submitted on or before the first day of class for FCNS 320, the student may be administratively dropped from FCNS 320. Falsification of the work statement will be grounds for being administratively dropped from FCNS 320.

2. In general, the practical work experience is to be completed sometime during the 5 years prior to enrollment in FCNS 320 Quantity Food Production. Experiences earlier than 5 years may be considered with contingencies; see the FCNS 320 instructor.

3. The length of the experience(s) is to be a minimum of 100 hours. This experience(s) may be paid or voluntary.

4. The student is responsible for locating the position for the work experience.

5. You should be looking for actual hands-on production or supervisory experience in large-scale full service food and dinner operations: (See your advisor if you are unsure of the acceptability of the proposed work experience)
Examples of entry-level work acceptable for the Practical Work Experience

Examples of work that IS acceptable:
- Kitchen Helper
- Catering Production
- Pantry Personnel
- Assistant Cook
- Dietary Aide
- Assistant Food Procurer

Examples of work NOT acceptable:
- Office bookkeeper
- Reservationist/hostess
- Grocery Clerk
- Wait Staff
- Bus Person
- Cashier/Counter Help

Types of establishments recommended to gain these experiences include (but may not be limited to):

<table>
<thead>
<tr>
<th>Non-Commercial</th>
<th>Commercial</th>
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</thead>
<tbody>
<tr>
<td>Long term care facilities</td>
<td>Restaurants</td>
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<tr>
<td>Hospitals</td>
<td>Catering operations</td>
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<tr>
<td>University Dining Facilities</td>
<td>Country Clubs</td>
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<td>Summer Camp foodservice</td>
<td>Hotels</td>
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<tr>
<td>School Foodservices</td>
<td>Business dining Facilities</td>
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<td>Day care facilities</td>
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Volunteer Positions
- Food Pantries
- Church Feeding Programs
- Meals on Wheels
- Hospitals

6. The student and employer must complete the attached Work Verification Statement after the work experience has been completed. The completed form should be submitted by the employer to the following address (Student should provide a stamped, addressed envelope with the form for the employer):

Barbara Andree, Chief Clerk
College of Health & Human Sciences, Wirtz 227
Northern Illinois University
DeKalb, IL  60115
WORK VERIFICATION STATEMENT

This form is to be completed and signed by both the student and employer after completion of the work experience. Preferably, this form should be filled-out immediately following the work experience.

THIS PAGE TO BE FILLED OUT BY STUDENT:

Student Name:_________________________________ ZID #__________________

Student Signature:_____________________________________________________

Home Address:________________________________________________________

Local Address: ________________________________________________________

Home Phone:__________________________ Local Phone_______________________

NAME AND LOCATION OF WORK EXPERIENCE SITE:

Name of the facility:____________________________________________________

Address:_____________________________________________________________

Manager/Supervisor:____________________________________________________

Position held by student:_______________________________________________

Dates of work experience:_______________________________________________

Describe duties performed in this job:_____________________________________

Student: Please present this completed form and the next page to your employer, along with an envelope that is addressed to Barbara Andree, Chief Clerk, College of Health & Human Sciences, Wz 227, NIU. This form is to be mailed by the employer back to NIU.
THIS FORM TO BE FILLED OUT BY EMPLOYER:

I verify that __________________________ has performed ________ hours
(student’s name)
of work experience as previously described (may be volunteer time) in this food service facility.

Comments (if any) regarding work performance/personal characteristics of this student:

Name of Student: _____________________________________________________

Name of Facility:   _____________________________________________________

Address:       _________________________________________________________

Signature of Supervisor:    ______________________________________________ 

Phone:        __________________________________________________________

Date:       ___________________________________________________________

Supervisor:  MAIL FORM TO:

Barbara Andree, Chief Clerk
College of Health & Human Sciences, Wirtz 227
Northern Illinois University
DeKalb, IL  60115