

NDHA 100-HOUR PRACTICAL FOODSERVICE WORK EXPERIENCE



WORK EXPERIENCE CRITERIA PREREQUISITE TO FCNS 320



SCHOOL OF FAMILY, CONSUMER, AND NUTRITION SCIENCES
Comprehensive major in Nutrition, Dietetics and Hospitality Administration

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	Assistant Cook
Catering Production	Dietary Aide
Pantry Personnel	Assistant Food Procurer

Examples of work NOT acceptable:

Office bookkeeper	Wait Staff
Reservationist/hostess	Bus Person
Grocery Clerk	Cashier/Counter Help

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

Non-Commercial

Long term care facilities
Hospitals
University Dining Facilities
Summer Camp foodservice
School Foodservices
Day care facilities

Commercial

Restaurants
Catering operations
Country Clubs
Hotels
Business dining Facilities

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

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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 a 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.

Practical Work Experience Employer Report For
Nutrition, Dietetics and Hospitality Administration
Northern Illinois University

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
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