

## **DINING ROOM ATTENDANT**

**Position Title:** Dining Room Attendant  
**Department:** Prairie Event Center  
**Supervisor's Title:** Head Bartender

**Pay Scale:** \$7.50  
**FLSA Status:** Non-exempt  
**Work Status:** Part-time

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### **OVERVIEW**

Dining Room Attendants set and clear tables. Specific duties will depend on the needs of the client.

### **ORGANIZATIONAL RELATIONSHIPS**

**Reports to:** Head Bartender

**Communicates with:**

- *Internally* –Prairie Event Center staff
- *Externally* –guests.

**Supervises:** N/A.

### **ESSENTIAL FUNCTIONS**

- Clear tables and unload their trays, separating the dishes and silverware, in the dish room.
- May assist with room set up including tables, chairs, laying table cloths and folding napkins, silverware, dishes, water caraffs, coffee caraffs and table condiments.
- Cleans up spills by vacuuming or mopping as necessary.
- Assists with moving tables and chairs to accommodate client's event.
- Get highchairs as necessary.
- Checks restrooms hourly for supplies and "cleaning opportunities".
- Cleans tables and chairs after event.
- Attends required training.
- Unless specific differently, dress will be white shirt/blouse, black pants/skirt and all black shoes.

### **OTHER DUTIES AND RESPONSIBILITIES**

Performs other related duties as assigned by the supervisor.

### **REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES**

- Ability to safely move/lift/carry 10 to 50 pounds.
- Ability to exert light to considerable physical effort to perform the position's essential functions.
- Ability to work flexible hours.

### **MACHINES, TOOLS, AND EQUIPMENT USED**

Cleaning tools and supplies.

### **MINIMUM REQUIREMENTS**

Ability to follow instructions.

### **PREFERRED QUALIFICATIONS**

Ability to read, write and follow instructions. Six months experience as a Dining Room Attendant.

### **WORKING CONDITIONS**

Works indoors majority of the time. Works through extended periods of standing and walking to wait on guests. Performs repetitive movements, bends, crouches, pushes/pulls, twists/turns, and lifts/carries objects requiring light to moderate physical effort while waiting on guests.

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**City of Parkers Prairie**

Fax: (218) 338-5059  
City Clerk: (218) 338-4115  
City Administrator: (218) 338-5006

P.O. Box 70, 102 N Otter Ave, Parkers Prairie, MN 56361

## **Employee Certification**

*Before signing this application, please read the following waiver carefully.*

1. I have read and understand the job announcement for the position for which I am applying and certify that the answers given in this application are true and complete to the best of my knowledge. I understand that incomplete or inaccurate information may result in disqualification of this application.
2. I authorize all current and previous employers to release job related information upon the written request of the City of Parkers Prairie and any agent on its behalf. However, I understand that if, in the Employment History section, I have answered "No" to the question "May we contact this employer?," contact with the employer will not be made without my specific authorization.
3. I authorize the City of Parkers Prairie and any agent acting on its behalf to verify all job-related information on this application to determine whether or not I am qualified for the position for which I am applying. Moreover, I hereby release the City of Parkers Prairie and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.
4. I understand that providing false information on this application may result in dismissal from any position gained on the basis of that false information.
5. I understand that this application is not, nor intended to be a contract of employment.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Drivers License # \_\_\_\_\_

Please return the completed application form to:

City of Parkers Prairie  
City Hall 102 N. Otter Ave  
P.O. Box 70  
Parkers Prairie, MN 56361

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# APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

## PERSONAL INFORMATION

DATE \_\_\_\_\_

SOCIAL SECURITY  
NUMBER \_\_\_\_\_

NAME  
LAST
FIRST
MIDDLE

PRESENT ADDRESS  
STREET
CITY
STATE
ZIP

PERMANENT ADDRESS  
STREET
CITY
STATE
ZIP

PHONE NO. \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER YES [ ] NO [ ]

## EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ WHERE \_\_\_\_\_ WHEN? \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	* NO OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

\* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

US MILITARY OR NAVAL SERVICE \_\_\_\_\_ RANK \_\_\_\_\_ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES \_\_\_\_\_

(CONTINUED ON OTHER SIDE)

**FORMER EMPLOYERS: (LIST BELOW FOUR EMPLOYERS STARTING WITH LAST ONE FIRST)**

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.**

NAME	ADDRESS	PHONE NUMBER	BUSINESS	YEARS ACQUAIN TED
1				
2				
3				

**PHYSICAL RECORD**

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? [ ] Yes [ ] No

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOU LIMITATION?

PLEASE DESCRIBE:

IN CASE OF  
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM PUNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYEMNT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

DATE SIGNATURE

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY

DATE

HIRED [ ] Yes [ ] No

POSITION

DEPT

SALARY/WAGE

DATE REPORTING TO  
WORK

APPROVED 1

2

3

EMPLOYMENT MANAGER

DEPT HEAD

GENERAL MANAGER