



# SODEXO EMPLOYMENT APPLICATION

www.sodexoUSA.com

## APPLICATION FOR EMPLOYMENT

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Alternative Telephone # \_\_\_\_\_

## EMPLOYMENT INTEREST

Date \_\_\_\_\_ Position Applied for \_\_\_\_\_ Earliest Date Available \_\_\_\_\_

Salary Desired \_\_\_\_\_ Location Desired \_\_\_\_\_

Type of Employment Desired  Management  Non-Management  
 Full-Time  Part-Time  Temporary  On-Call  Summer

How were you referred to Sodexo?  Ad  Web  Agency  School  Employee  Other

Please specify source: \_\_\_\_\_

Have you ever applied for work with or been employed by Sodexo Inc., Sodexo Marriott Services, Marriott Management Services, Sodexo USA or Wood Dining Services?  Yes  No If yes, when and where? \_\_\_\_\_

If previously employed, please answer the following:

Supervisor's Name, Title, and Phone #: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

If applying for a management position, are you willing to relocate?  Yes  No

If yes, please specify where: \_\_\_\_\_

## PERSONAL

Are you over 18 years of age?  Yes  No If no, give date of birth \_\_\_\_\_

Do you have unrestricted authorization to work in the United States?  Yes  No

If no, what is your current visa status and when does your visa status expire?

Visa status: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No Record

**(Note: If you are applying for a position in Massachusetts, you should not answer this question when you first complete your application. You may be instructed to respond at a later point in the hiring process. If you are, please indicate the date of your response: \_\_\_\_/\_\_\_\_/\_\_\_\_)**

Please review the attached state disclosure limitations before responding. All applicants may answer No Record if a conviction has been sealed, pardoned, expunged, annulled, statutorily eradicated or dismissed upon condition of probation. A conviction will not necessarily disqualify you from employment with Sodexo.

If yes, please provide date, place and nature of conviction(s): \_\_\_\_\_

Are there any restrictions on the hours or days you are able to work?  Yes  No

If yes, please explain: \_\_\_\_\_

Foreign Languages: \_\_\_\_\_  Read  Write  Speak

\_\_\_\_\_  Read  Write  Speak

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, activities, accomplishments, etc.

\_\_\_\_\_  
\_\_\_\_\_

# EMPLOYMENT EXPERIENCE

Please list your job history for the past six years or the last four employers (whichever covers a longer period of time). Start with your present status and note any periods in which you were not employed. Include U.S. Military Service, summer/part-time jobs, and cooperative education assignments.

This information must be completed even if a resume is provided.

|   |              |                       |  |
|---|--------------|-----------------------|--|
| Company Name                                | Date Started | Date Left             | Starting Position                          |
|   |              |                       | Last Position                              |
| Address                                     | Full-Time    | Part-Time             | Describe Major Duties:                     |
|   | Phone #      | Starting Salary<br>\$ |  |
| Reason for leaving:                         |              |                       |  |
| Name of Supervisor, Title, and Phone Number |              |                       | Additional References and Phone Number(s): |

|   |              |                       |  |
|---|--------------|-----------------------|--|
| Company Name                                | Date Started | Date Left             | Starting Position                          |
|   |              |                       | Last Position                              |
| Address                                     | Full-Time    | Part-Time             | Describe Major Duties:                     |
|   | Phone #      | Starting Salary<br>\$ |  |
| Reason for leaving:                         |              |                       |  |
| Name of Supervisor, Title, and Phone Number |              |                       | Additional References and Phone Number(s): |

|   |              |                       |  |
|---|--------------|-----------------------|--|
| Company Name                                | Date Started | Date Left             | Starting Position                          |
|   |              |                       | Last Position                              |
| Address                                     | Full-Time    | Part-Time             | Describe Major Duties:                     |
|   | Phone #      | Starting Salary<br>\$ |  |
| Reason for leaving:                         |              |                       |  |
| Name of Supervisor, Title, and Phone Number |              |                       | Additional References and Phone Number(s): |

|   |              |                       |  |
|---|--------------|-----------------------|--|
| Company Name                                | Date Started | Date Left             | Starting Position                          |
|   |              |                       | Last Position                              |
| Address                                     | Full-Time    | Part-Time             | Describe Major Duties:                     |
|   | Phone #      | Starting Salary<br>\$ |  |
| Reason for leaving:                         |              |                       |  |
| Name of Supervisor, Title, and Phone Number |              |                       | Additional References and Phone Number(s): |

May we contact your present employer to verify the above?

Yes, you may contact anytime.

Do not contact now. You may contact at a later date. \_\_\_\_\_  
 (Please specify, e.g. after acceptance of offer or a specific date, if appropriate.)

Have you ever been dismissed or forced to resign from employment?  Yes  No

If yes, please explain:

\_\_\_\_\_  
 \_\_\_\_\_

## EDUCATIONAL HISTORY

| Type of School              | Name and Address Of School | Dates Attended<br>From To<br>Month/Year Month/Year |  | Graduated   | Type of Degree, Diploma or Certificate | Major/Minor/Field of Study |
|-----------------------------|----------------------------|--|--|---|--|----------------------------|
| High School                 |                            |  |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |                            |
| College Or University       |                            |  |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |                            |
| Other Education or Training |                            |  |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |                            |

Academic Achievements or Activities: Please list academic honors, scholarships, or fellowships, memberships in academic honorary societies; or participation in or offices held in extracurricular activities you consider significant.

\_\_\_\_\_  
 \_\_\_\_\_

List current professional licenses, registration, and professional organizations or affiliates, if any.  
 (You must include license / registration numbers in specific states / jurisdictions where you may be licensed or registered.)

\_\_\_\_\_  
 \_\_\_\_\_

## PROFESSIONAL OR PERSONAL REFERENCES

| Name | Years Known | Occupation | Complete Address | Telephone |
|------|-------------|------------|------------------|-----------|
|      |             |            |                  |           |
|      |             |            |                  |           |
|      |             |            |                  |           |

Are any of your professional references associated with your current employer?

If yes, may we contact that individual now?

Yes, you may contact anytime.

Do not contact now. You may contact at a later date. \_\_\_\_\_  
 (Please specify, e.g. after acceptance of offer or a specific date, if appropriate.)

## CRIMINAL CONVICTION INQUIRY: STATE DISCLOSURE LIMITATIONS

### California Applicants

You may answer "No Record" with respect to any conviction for a marijuana offense if the conviction occurred more than two years prior to the date this application is completed. In addition, do not provide any information regarding a referral to and participation in any pre-trial or post-trial diversion program.

### Connecticut Applicants

You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes Sections 46b-146, 54-76o or 54-142a. Criminal records subject to erasure pursuant to Connecticut General Statutes Sections 46b-146, 54-76o or 54-142a are records related to (a) determinations of "delinquency" or that, as a child, you were a member of a family with service needs, (b) a ruling you are a "youthful offender", (c) a finding you are not guilty for a criminal charge, or (d) a conviction for which you have received an "absolute pardon". Any person whose criminal records have been erased pursuant to Connecticut General Statutes Sections 46b-146, 54-76o or 54-142a shall be deemed to never have been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

### Hawaii Applicants

Do not respond to this inquiry until you have been given a conditional offer of employment. If you are required to respond, please limit your responses to crimes for which you were convicted within the past 10 years, excluding periods of incarceration.

### Illinois Applicants

You are not required to reveal any expunged convictions, including expunged juvenile convictions.

### Massachusetts Applicants

If you have a sealed record on file with the commissioner of probation you may answer "No Record" with respect to any inquiry herein relative to prior arrests, criminal court appearances or convictions. You may answer "No Record" with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. In addition, you may answer "No Record" with respect to a first conviction for: (1) the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violation, affray or disturbances of the peace; or (2) any misdemeanor conviction where the date of conviction or any resulting incarceration occurred five or more years ago.

### Utah Applicants

You may answer "No Record" with respect to any conviction for a misdemeanor or summary offense.

### Washington Applicants

Answer "Yes" only if the conviction or release from imprisonment was within the last ten (10) years, or related to the functions of the position for which you are applying.

## EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Sodexo provides equal employment opportunity without regard to race, color, religion, sex, pregnancy, national origin, ancestry, citizenship, age, marital status, disability, veteran status, sexual orientation, gender identity, genetic information, or any other basis protected by law. If needed, reasonable accommodations for the hiring process will be made.

## ACKNOWLEDGEMENT AND RELEASE

### PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

The information that I have provided is accurate to the best of my knowledge and subject to validation by Sodexo. I understand and agree that any misrepresentation or omission of fact in my application, in any supplement thereto, during any interview, or in any other employment-related records supplied or completed by me, shall be grounds for rejection of my application for employment or, if employed, for termination of my employment with Sodexo, regardless of the amount of time elapsed before discovery.

I understand that an offer of employment and my continued employment with Sodexo are contingent upon satisfactory proof of my authorization to work in the United States.

I understand that nothing contained in this employment application or in the granting of an interview or an offer of employment is intended to create a contract between myself and Sodexo for employment or for the providing of any benefit. No promises regarding continued employment have been made to me, and I understand that no such promise or guarantee is binding upon Sodexo unless made in writing and signed by me and an authorized representative of Sodexo. I understand that if I am employed by Sodexo, my employment will be terminable-at-will, and that either I or Sodexo may terminate my employment at any time, with or without cause, for any reason or no reason, and that I am not being employed for any specific term.

I understand that business needs at times may make the following conditions mandatory: overtime, shift work, and rotating schedules. I understand and accept these conditions of employment. I understand that Sodexo may require a pre-employment investigation of my criminal conviction history, educational background, past employment, and activities that may relate in any way to my potential fitness for employment. I further understand that I may be required to take and pass a drug test as a condition of being hired at or transferred to a Sodexo location, I agree to complete all required authorization forms and provide all information necessary for Sodexo, or its agent, to conduct any required pre-employment investigation. If hired, I authorize Sodexo to conduct subsequent investigations during the course of my employment. In addition, I agree to comply with any background check requirements mandated by Sodexo's client at my work location, as agreed to by Sodexo.

I authorize schools and prior employers to provide any information they have concerning me to Sodexo, and I hereby hold harmless Sodexo and all those providing information from any liability that may arise out of or result from the provision or use of such information.

Maryland Applicants: By signing below, you acknowledge receipt of the following notice:

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

Massachusetts Applicants: By signing below, you acknowledge receipt of the following notice:

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

I have read and understand the information provided above.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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



**WRITTEN DISCLOSURE AND AUTHORIZATION FOR BACKGROUND INVESTIGATION**

I understand that Sodexo will utilize the services of USA-FACT, Inc., 6200 Box Springs Blvd., Riverside, CA 95207 (800-547-0263), to obtain a consumer report/investigative consumer report as part of the procedure for processing my application for employment or other employment-related purposes, such as promotion, reassignment or retention. I understand that such report may include information and records relating to my: criminal conviction history (consistent with federal and state law), illegal drug use, civil court records, employment verification and references, education verification, social security number, professional license verification, past addresses, driving record, and personal references, and may include an HHS OIG or OFAC exclusion check.

I understand such information may be obtained by any means, including but not limited to personal interviews with persons who may have knowledge concerning my character, general reputation, personal characteristics or mode of living. I understand such information may also be obtained through direct or indirect contact with former employers, schools, and public agencies or other persons who may have such knowledge. I understand that credit header information may be accessed; however, my full credit report will not be accessed unless I provide Sodexo an additional, separate authorization. This access will not affect my F.I.C.O. score.

I understand that any background investigation will be down in accordance with the Fair Credit Reporting Act (“FCRA”) and any applicable state law and acknowledge receipt of a copy of the document entitled “A Summary of Your Rights Under the Fair Credit Reporting Act”. If the position to which I have applied is located in New York, I acknowledge that I have received a copy of New York Correction Law Article 23-A.

I also understand that before Sodexo takes any adverse employment action based, in whole or part, on information obtained in the consumer report/investigative consumer report, I will be provided a copy of the report and a description in writing of my rights under the FCRA.

I agree that if I am hired, Sodexo may rely on this authorization to obtain further information during the course of my employment through subsequent investigations by a consumer reporting agency, to the extent permitted by law.

I hereby consent to this investigation and authorize Sodexo to procure a consumer report and/or investigative consumer on my background as stated above from USA-FACT. I understand that if I refuse to provide any information requested on the following page(s), or provide false information, I will not be hired, or if employed, I may be terminated from employment.

\_\_\_\_\_  
(Signature of Applicant/Employee)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)

**For California, Minnesota and Oklahoma Applicants Only:**

\_\_\_\_\_ I wish to receive a copy of the consumer report/investigative consumer report.

**For California Applicants Only:** I understand I have the right to inspect visually the files concerning me maintained by an investigative consumer credit reporting agency during normal business hours and upon reasonable notice. The inspection can be done in person if I appear in person and furnish proper identification; I am entitled to a copy of the file for a fee not to exceed the actual costs of duplication. I am entitled to be accompanied by one person of my choosing, who shall furnish reasonable identification. The inspection can also be done via certified mail if I make a written request, with proper identification, for copies to be sent to a specified addressee. I can also request a summary of the information to be provided by telephone if I make a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or directly charged to me. I further understand that the investigative consumer credit reporting agency shall provide trained personnel to explain to me any of the information furnished to me; I shall receive from the investigative consumer reporting agency a written explanation of any coded information contained in files maintained on me. “Proper identification” as used in this paragraph means information generally deemed sufficient to identify a person, including documents such as a valid driver’s license, social security account number, military identification card and credit cards.

**YOU MUST PROVIDE THE REQUESTED INFORMATION ON THE ATTACHED PAGES**

**FAX TO SODEXO CORPORATE SECURITY DEPARTMENT AT 262-780-0521**



**REQUIRED INFORMATION FOR CRIMINAL HISTORY CHECK AND/OR DRIVING RECORDS CHECK**  
*PLEASE PRINT LEGIBLY IN BLACK INK*

NAME OF EMPLOYEE/APPLICANT: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(MONTH) (DAY) (YEAR)

HAVE YOU BEEN KNOWN BY ANY OTHER NAMES? YES NO

IF YES, PLEASE LIST: \_\_\_\_\_

**1. CRIMINAL HISTORY CHECK**

If you listed any criminal conviction information on the application (consistent with the state disclosure limitations), please provide the same information here.

Date, place and nature of conviction(s): \_\_\_\_\_

| CITY/STATE/ZIP   | COUNTY (IF KNOWN) | YEARS LIVED THERE |
|--|-------------------|-------------------|
| (Please provide the requested information for all places you have lived from age 18 to present.) |                   |                   |
| _____  | _____             | _____             |
| _____  | _____             | _____             |
| _____  | _____             | _____             |
| _____  | _____             | _____             |
| _____  | _____             | _____             |
| _____  | _____             | _____             |
| _____  | _____             | _____             |
| _____  | _____             | _____             |
| _____  | _____             | _____             |

**2. DRIVING RECORD CHECK: Manager to initial if check is to be performed: \_\_\_\_\_  
(only if driving is a requirement of the position)**

**If required, Applicant/Employee to complete the following:**

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

HAVE YOU EVER HELD A DRIVER'S LICENSE IN ANY OTHER STATE? \_\_\_\_\_NO \_\_\_\_\_YES

IF YES, WHAT STATE(S)?: \_\_\_\_\_

DATES HELD: \_\_\_\_\_



**REQUIRED INFORMATION FOR EDUCATION AND/OR PREVIOUS EMPLOYER VERIFICATION**  
PLEASE PRINT LEGIBLY IN BLACK INK

NAME OF EMPLOYEE/APPLICANT: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(MONTH) (DAY) (YEAR)

HAVE YOU BEEN KNOWN BY ANY OTHER NAMES? YES NO

IF YES, PLEASE LIST: \_\_\_\_\_

**1. EDUCATION VERIFICATION**

(Please provide all requested information for college/university and post-secondary institutions only.)

| Name of Institution: | Location (city, state): | Dates of Attendance (month/year) | Graduate? | Type of Degree |
|----------------------|-------------------------|----------------------------------|-----------|----------------|
|                      |                         | _____ to _____                   | Yes No    |                |
|                      |                         | _____ to _____                   | Yes No    |                |

Are you a Registered Dietitian? Yes No If yes, registration number: \_\_\_\_\_

In which states are you registered to practice dietetics: \_\_\_\_\_

**2. PREVIOUS EMPLOYMENT VERIFICATION**

Employer #1/: \_\_\_\_\_ Employer #2: \_\_\_\_\_  
Current Employer

City/State: \_\_\_\_\_ City/State: \_\_\_\_\_

Position Held: \_\_\_\_\_ Position Held: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

May we contact now to verify the above information? \_\_\_Yes \_\_\_No

If no, please indicate when we may contact: \_\_\_\_\_  
(Please specify, e.g., after acceptance of offer or a specific date, if appropriate)

Employer #3: \_\_\_\_\_ Employer #4: \_\_\_\_\_

City/State: \_\_\_\_\_ City/State: \_\_\_\_\_

Position Held: \_\_\_\_\_ Position Held: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

**You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment—or to take another adverse action against you—must tell you, and must give you the name, address, and phone number of the agency that provided the information.

**You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- o a person has taken adverse action against you because of information in your credit report;
- o you are the victim of identify theft and place a fraud alert in your file;
- o your file contains inaccurate information as a result of fraud;
- o you are on public assistance;
- o you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

**You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

**You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.

**Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

**Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

**Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

**You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

**You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

**You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

**Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

| TYPE OF BUSINESS:   | CONTACT:   |
|---|--|
| Consumer reporting agencies, creditors and others not listed below  | Federal Trade Commission: Consumer Response Center -FCRA<br>Washington, DC 20580 1-877-382-4357  |
| National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)        | Office of the Comptroller of the Currency<br>Compliance Management, Mail Stop 6-6<br>Washington, DC 20219 800-613-6743                             |
| Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)                           | Federal Reserve Board, Division of Consumer & Community Affairs<br>Washington, DC 20551 202-452-3693   |
| Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name) | Office of Thrift Supervision, Consumer Complaints<br>Washington, DC 20552 800-842-6929   |
| Federal credit unions (words "Federal Credit Union" appear in institution's name)   | National Credit Union Administration<br>1775 Duke Street<br>Alexandria, VA 22314 703-519-4600  |
| State-chartered banks that are not members of the Federal Reserve System  | Federal Deposit Insurance Corporation<br>Consumer Response Center, 2345 Grand Avenue, Suite 100<br>Kansas City, Missouri 64108-2638 1-877-275-3342 |
| Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission                   | Department of Transportation, Office of Financial Management<br>Washington, DC 20590 202-366-1306  |
| Activities subject to the Packers and Stockyards Act 1921   | Department of Agriculture, Office of Deputy Administrator-GIPSA<br>Washington, DC 20250 202-720-7051   |

## ATTENTION NEW YORK APPLICANTS / EMPLOYEES

The following is a copy of the New York law relating to employment-related criminal background checks, which Sodexo is required to provide to you in accordance with New York General Business Law, Section 380-c, effective February 1, 2009.

### NEW YORK CORRECTION LAW ARTICLE 23-A

**§750. Definitions.** For the purposes of this article, the following terms shall have the following meanings:

- (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
- (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

**§751. Applicability.** The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

**§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.** No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

- (1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
- (2) The issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

**§753. Factors to be considered concerning a previous criminal conviction; presumption.** 1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

- (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
- (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
- (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
- (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
- (e) The age of the person at the time of occurrence of the criminal offense or offenses.
- (f) The seriousness of the offense or offenses.
- (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
- (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

**§754. Written statement upon denial of license or employment.** At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

**§755. Enforcement.** 1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

# Applicant Survey

---

## Work Opportunity Tax Credit Program

This employer is participating in the Work Opportunity Tax Credit program. This program is designed by the federal government to help companies hire more people into the workforce and to retain employees through federal incentives.

Your response to the questions below will help us determine if this employer qualifies for this program. Any information you provide will be kept confidential and will not affect your job, wages, or taxes. Thank you in advance for your time and participation.

---

D Check here if **any** of the following statements apply to you.

- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
- I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
- I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program or the Department of Veteran Affairs.
- I am at least age 18 but **not** age 40 or older, and I am a member of a family that:
  - a. Received SNAP benefits (food stamps) for the past 6 months, **or**
  - b. Received SNAP benefits (food stamps) for at least 3 of the 5 months, **but** is no longer eligible to receive them.
- During the past year, I was convicted of a felony or released from prison for a felony.
- I received supplement security income (SSI) benefits for any month ending during the past 60 days.
- I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years **and**, for at least 4 weeks during the past year, I received unemployment compensation.
- I am at least age 16 but **not** age 25 or older, **and**:
  - a. During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, **and**
  - b. During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, **and**
  - c. I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate **or** I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.

D Check here if you are a veteran entitled to compensation for a service-connected disability **and**, during the past year you were:

- Discharged or released from active duty in the U.S. Armed Forces, **or**
- Unemployed for a period or periods totaling at least 6 months.

D Check here if you are a member of a family that:

- Received TANF payments for at least the past 18 months, **or**
- Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
- Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Name : \_\_\_\_\_

Date : \_\_\_\_\_

**Please return this form to Human Resources along with your employment application.**