



EMPLOYMENT APPLICATION

Personal Information

Items marked with * are required.

First Name* _____ Middle Name _____ Last Name* _____

Street Address* _____ Apt* _____ City* _____

State* _____ Zip Code* _____ County* _____

Phone Number* _____ Email Address* _____

Are you over 18 years of age? * ☐ Yes ☐ No

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?* _____

EDUCATION:

What is your highest level of education? *

☐ Some High School ☐ Trade School Certification ☐ High School Diploma/GED ☐ Associate Degree

☐ Some College ☐ Bachelor's Degree ☐ Master's/Advanced Degree

Please list any current professional license(s), registration(s), and/or professional organizations or affiliates.
(You must include license/registration numbers in specific states/jurisdictions where you are licensed or registered.)

Position

Position Applied for*: _____ Earliest date available: _____

Desired Hourly Rate: \$ _____

Do you have any availability restrictions (days of the week/hours), please explain:

How were you referred to Sodexo Live!?* (please specify source):

☐ Agency _____ ☐ Employee _____ ☐ Website _____

☐ Job Fair/Networking Event _____ ☐ Other _____

Select your desired type of employment*: (check all that apply)

☐ Full Time ☐ Part Time ☐ Temporary (Full Time) ☐ Temporary (Part Time) ☐ On Call ☐ Summer

Have you ever been/are you currently employed by Sodexo Live! or its affiliates?* ☐ Yes ☐ No

If Yes, please state dates of employment and location.*

If previously employed by Sodexo Live! or its affiliates, please provide the reason for leaving:*

Previous Employment History

Please list your job history for the past six (6) years or the last four (4) employers (whichever covers a longer period of time), starting with your current employer. Please attach a resume if you have one. Include U.S. Military Service, AmeriCorps, Peace Corps, and/or other national service, summer/part-time jobs, and cooperative education assignments.

Employer #1 (Current Employer)	
City/State	
Position Held	
Dates Employed	From: To:

Employer #2	
City/State	
Position Held	
Dates Employed	From: To:

Employer #3	
City/State	
Position Held	
Dates Employed	From: To:

Employer #4	
City/State	
Position Held	
Dates Employed	From: To:

Please include any other information you think would be helpful to us in considering you for employment, such as ability to speak/read/write a foreign language, activities, accomplishments, etc.

Equal Employment Opportunity Employer: Sodexo Live! 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 accommodation for the hiring process will be made.

Acknowledgement & Release

The information that I have provided is accurate to the best of my knowledge and subject to validation by Sodexo Live!. 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 Live!, regardless of the amount of time elapsed before discovery.

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

I also understand that Sodexo Live! is responsible for ensuring that I have a valid Social Security number (SSN), and if I am offered employment, Sodexo Live! will contact the Social Security Administration to verify my SSN. I understand I will be required to complete an authorization form and provide my SSN, name, and date of birth for Sodexo Live! to complete this verification.

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 Live! 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 Live! unless made in writing and signed by me and an authorized representative of Sodexo Live!. I understand that if I am employed by Sodexo Live!, my employment will be terminable-at-will, and that either I or Sodexo Live! 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.

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.

LOS ANGELES APPLICANTS: We will consider for employment qualified applicants with criminal histories consistent with the requirements of the Los Angeles Fair Chance Initiative for Hiring Ordinance.

SAN FRANCISCO APPLICANTS: Pursuant to the San Francisco Fair Chance Ordinance, we will consider for employment qualified applicants with arrest and conviction records.

SIGNATURE:* _____ **DATE:*** _____

WOTC Applicant Survey

Sodexo Live! is participating in the Work Opportunity Tax Credit (WOTC) 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 preliminary response to the IRS Form 8850 questions below will help determine if Sodexo Live! 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.

In order to determine if Sodexo Live! potentially qualifies for this program, please check the box, at your discretion, if any of the statements below apply to you.

☐ One or more of these statements apply.

- ▶ I received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- ▶ 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 past 5 months, **but** is no longer eligible to receive them.
 - ▶ I received supplement security income (SSI) benefits for any month ending during the past 60 days.
 - ▶ I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- ▶ I am a veteran and was unemployed for a period or periods totaling at least 6 months during the past year.
- ▶ I am a veteran entitled to compensation for a service-connected disability and I was discharged or released from active duty in the U.S. Armed Forces during the past year.
- ▶ I am a veteran entitled to compensation for a service-connected disability and I was unemployed for a period or periods totaling at least 6 months during the past year.
- ▶ I am 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.
- ▶ I have been unemployed at least 27 consecutive weeks and for all or part of that period I received unemployment compensation.

APPLICANT VOLUNTARY SELF-IDENTIFICATION FORM

NOTE TO MANAGERS: ONCE COMPLETED BY THE APPLICANT, THE FOLLOWING THREE PAGES MUST BE SEPARATED FROM THE REST OF THE APPLICATION AND KEPT IN A CONFIDENTIAL APPLICANT TRACKING FILE.

As a government contractor, Sodexo Live! is subject to governmental recordkeeping and reporting requirements to comply with federal and state laws and regulations. Required reporting includes statistical analysis of Sodexo Live!'s employment applicants with regard to gender, race and ethnicity. Therefore, Sodexo Live! requests that you voluntarily self-identify as requested below. The information you provide will be used exclusively for purposes consistent with applicable laws and regulations.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment or impact any Sodexo Live! employment decision.

Name:	
Unit Name:	
Position Applied To:	Date:

I. GENDER INFORMATION

☐ **Male** ☐ **Female** ☐ **I do not wish to submit this information at this time.**

II. RACE/ETHNICITY INFORMATION—PLEASE CHECK ONLY ONE BELOW:

<input type="checkbox"/>	Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
<input type="checkbox"/>	American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
<input type="checkbox"/>	Asian (Not Hispanic or Latino): A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/>	Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/>	White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
<input type="checkbox"/>	Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.
<input type="checkbox"/>	I do not wish to submit this information at this time.

III. VETERAN STATUS:

We are a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212](#) (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows and are hereafter referred to all together as "protected veterans":

- A “disabled veteran” is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to [Executive Order 12985](#).

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- ☐ I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERANS LISTED ABOVE
- ☐ I IDENTIFY AS A VETERAN, JUST NOT A PROTECTED VETERAN
- ☐ I AM NOT A VETERAN
- ☐ I DO NOT WISH TO SELF-IDENTIFY

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

Voluntary Self-Identification of Disability

Form CC-305
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OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____

Date: _____

Employee ID: _____
(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- ☐ Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- ☐ No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- ☐ I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.