

Application for Employment

Please print. Answer all questions completely. Only completed applications will be considered.

You may attach a resume, but complete this application as well.

Compass Group is an equal opportunity employer and does not discriminate against qualified applicants on the basis of race, color, creed, religion, ancestry, sex, marital status, national origin, disability, handicap, veteran status, sexual orientation or any other protected status under applicable federal, state and local law. Compass Group also provides reasonable accommodations to qualified individuals with disabilities in accordance with the Americans With Disabilities Act and applicable state and local law. If you require assistance or a reasonable accommodation in completing these application materials or any aspect of the application process, please contact the on-site unit manager.

| | | | | |
|----------------|-------|----------|----------------------|-------------------------|
| Name | | | Date of Application | Wage Desired |
| Street Address | | | Telephone | Emergency Contact |
| City | State | Zip Code | Position of Interest | Date Available for Work |

Circle One

Are you willing to work Saturdays, Sundays, and Holidays? Yes No Which do you want to work? Full-time Part-time

If part-time, specify the days/hours you are available to work. _____

Are you under 18 years old? Yes No If Yes, can you produce a work permit if hired? Yes No

Are you legally eligible for employment in the United States? Yes No

****If offered a position, the Immigration and Naturalization Act of 1986 requires you to furnish proof of your employment authorization and identity before you begin work.**

Can you perform the essential job functions of this position with or without a reasonable accommodation? Yes No

Have you ever been convicted of, plead guilty, no contest or nolo contendere, to a misdemeanor or felony (or an indictable offense in New Jersey)? *****IMPORTANT: In addition to the asterisk text, please read all state law information below before answering this question.**
YES NO (circle one)

* Do not report any conviction that has been sealed, expunged, statutorily eradicated, annulled, impounded, erased, dismissed under a first offender's law, pardoned by a Governor, or which state law allows you to lawfully deny as set forth below. You are also not required to disclose violations, infractions, petty misdemeanors, or summary offenses. A conviction will not necessarily be a bar to employment. This information will only be used for job-related purposes consistent with applicable law and is only relevant in determining whether the conviction is related to the job for which you are applying. Factors such as age at the time of the offense(s), recentness of the offense(s), seriousness of the offense(s), nature of the violation(s), its relation, if any, to the job you are seeking, and rehabilitation will be taken into account. Failure to honestly answer these questions will result in discontinued consideration of your application or termination of employment.

* **California applicants/residents:** You need not disclose any referral to, and participation in, any pre-trial or post-trial diversion program, or any misdemeanor convictions for which probation has been successfully completed and discharged. Do not list any marijuana-related misdemeanor convictions over two years old or felony marijuana convictions under California Health and Safety Code Section 11360(c) that occurred prior to 1976.

* **Connecticut applicants/residents:** You need not disclose any conviction record that has been erased pursuant to Sections 46b-146, 54-760 or 54-142a of the Connecticut General Statutes. Records subject to erasure under these sections are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that was dismissed, nolleed or withdrawn, or a criminal charge for which the person was found not guilty or received an absolute pardoned conviction. Any person whose records were erased within the meaning of these three sections may consider such events to have never occurred and may so swear under oath.

* **Hawaii applicants/residents:** DO NOT respond to this question until you have been given a conditional offer of employment.

* **Kentucky applicants/residents:** DO NOT respond "Yes" as a result of any misdemeanor conviction where the date of conviction was more than five years ago.

* **Massachusetts applicants/residents:** DO NOT answer this question during the initial application stage or prior to any interview.

Massachusetts law prohibits employers from making inquiries regarding applicants' criminal history information in an initial written application form. You may be required to provide some criminal history information later in the hiring process.

* **Philadelphia applicants/residents:** DO NOT answer this question during the application stage or until after a first interview. A Philadelphia ordinance prohibits employers from make inquiries regarding applicants' criminal history information in an application. You may be required to provide some criminal history information later in the hiring process.

* **Washington applicants/residents:** You may exclude convictions that occurred over ten years ago.

Employment Record

Starting with your most recent or present employer, list all previous employers. Include self-employment, summer, and part-time jobs. If more space is required, please continue on a separate sheet. *Circle the name of any employer or supervisor you do not wish us to contact at this time.*

| Dates Employed | Company Name | Supervisor & Phone Number | Responsibilities | Base Salary / Hourly Wage | Reason for Leaving |
|----------------|--------------|---------------------------|------------------|---------------------------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

If employed under another name, indicate that name here: _____

Have you ever been employed by Compass Group or any of its subsidiaries? **Yes** **No**

If Yes, list dates of employment: _____ Location: _____ Supervisor: _____ Position: _____

Sector Name: _____ Reason for leaving: _____

List any relatives working with Compass Group or its subsidiaries: _____

How were you referred to Compass Group? (Indicate name of employee, if applicable). _____

Educational History

| School Name | Location (City, State) | Major Course or Subject | Graduated (Yes/No) | Degree |
|--------------------------|------------------------|-------------------------|--------------------|--------|
| High School | | | | |
| Technical/Trade School | | | | |
| College | | | | |
| Other Education/Training | | | | |

Professional/Work References

| Name | Title/Relationship | Full Address | Telephone | Occupation |
|------|--------------------|--------------|-----------|------------|
| | | | | |
| | | | | |
| | | | | |

Circle One

May we contact your present employer? **Yes** **No****

**Please note that we reserve the right to contact your current employer after you accept a conditional offer of employment.

APPLICANT'S AUTHORIZATION

(Read carefully before signing)

I understand that:

The information that I have provided in this application is true, correct and complete to the best of my knowledge. I understand any falsification, misrepresentation or omission of any facts in my application, resume or any other materials or during any interviews, can be justification for denial of employment or, if employed, termination from the Company. I acknowledge and agree that I am not a party to an agreement with another person, company, or entity that restricts in any manner my ability to work for Compass Group, perform the duties and responsibilities of my position, or to otherwise perform any services for Compass Group.

A physical examination may be required of job applicants to verify fitness to work after a job offer is extended but prior to beginning work. The results of such an examination may be cause for withdrawal of the employment offer. I understand that the results of any such examination will be kept confidential in a file separate from my personnel file, and will only be used for purposes consistent with the Americans With Disabilities Act and any other applicable law.

I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my current or past employment record, including a statement of the reason for the termination of my employment, work performance, abilities and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.

I authorize Compass Group to use any lawful method, in its sole discretion, it deems reasonable and necessary to determine whether I have engaged in conduct that would interfere with or adversely affect the business interests of Compass Group, or to determine whether I have engaged in conduct warranting disciplinary action. Such a determination involves the use of background checks which may include, without limitation, safety-related inquiries, motor vehicle records checks, arrest and criminal record inquiries, drug testing, financial disclosures, fingerprinting, and credit history inquiries. I understand that I will be required to sign a separate consent and authorization for such background check inquiries to be run on me.

In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the Company and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the Company or myself. I further understand that no manager or representative of the Company, other than the CEO has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to any Company policy. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by the CEO.

I understand this statement does not constitute an employment contract between Compass Group and me and that my employment, if I am hired, is "at will." This means my employment is not for any fixed duration and I can choose to end my employment at any time or be terminated at any time with or without notice or cause for any reason not otherwise prohibited by law.

I also understand that if I am hired by Compass Group, I must comply with the lawful requirements for access to the property where I am assigned to work as set and enforced by the property owner or lessee. If the property owner or lessee lawfully denies me access to that property at anytime during my employment with Compass Group, I understand that I will be removed from any continuing work opportunities at that location and that I may also be denied work opportunities at other Compass Group locations until the issue(s) related to access denial has been resolved. I understand and acknowledge that it is my responsibility to cooperate with the Company as it reviews the reasons related to my inaccessibility to a work location. Any associate who fails to cooperate with the Company or otherwise resolve an issue related to property access in a timely manner will be subject to termination on the basis of job abandonment or other reason as appropriate under the circumstances.

Compass Group is also required by law to notify certain applicants that:

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.

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.

Signature

Date

Printed Name

VOLUNTARY SUPPLEMENT TO EMPLOYMENT APPLICATION

The information requested below is used by Compass Group only to maintain records required by employers doing business with the Federal Government. **YOU DO NOT HAVE TO ANSWER THESE QUESTIONS TO BE CONSIDERED FOR EMPLOYMENT WITH COMPASS GROUP.** If you do choose to answer these questions, any information supplied by you on this voluntary supplement will not affect your employment opportunities with Compass Group, which is an equal employment opportunity employer.

Date of Application: _____

Name: _____

Unit: _____

Job for which you are applying: _____

Are you Hispanic or Latino? ☐ Yes ☐ No

*****IF YOU ANSWERED YES, DO NOT COMPLETE THE RACE SECTION**

Race: ☐ White ☐ Black or African American
☐ Native Hawaiian / Other Pacific Islander ☐ American Indian or Alaska Native
☐ Asian
☐ Two or More Races

Sex: ☐ Male ☐ Female

How did you hear about this position?

1. Agency (Name): _____
2. Internet (Site name): _____
3. Newspaper Ad: (Name) _____
4. Career Fair (Name) _____
5. Friend: _____
6. Walk-In: _____
7. Employee (Name): _____
8. Other: _____

THIS INFORMATION WILL BE KEPT SEPARATE FROM YOUR APPLICATION AND WILL NOT BE USED IN MAKING HIRING DECISIONS.

SUPLEMENTO VOLUNTARIO AL SOLICITUD DE EMPLEO

Compass Group utiliza la información solicitada a continuación solamente para mantener los documentos requeridos de los empleadores que hacen negocios con el Gobierno Federal. **USTED NO TIENE QUE CONTESTAR ESTAS PREGUNTAS PARA SER CONSIDERADO PARA EL EMPLEO CON COMPASS GROUP.** Si usted elige contestar estas preguntas, cualquier información que usted provee en este suplemento voluntario no afectará sus oportunidades de empleo con Compass Group, que es un empleador de igualdad de oportunidades de empleo.

Fecha de solicitud: _____

Nombre: _____

Unidad: _____

Puesto al cual usted está solicitando: _____

¿Es usted hispano o latino? ☐ Sí ☐ No

*****SI SU RESPUESTA ES SÍ, NO COMPLETAR LA SECCIÓN DE RAZA**

Raza: ☐ blanco ☐ negro o afroamericano
☐ hawaiano nativo / otro isleño del pacífico ☐ indio americano o nativo de Alaska
☐ asiático
☐ dos o más razas

Sexo: ☐ varón ☐ hembra

¿Cómo se enteró de esta posición?

1. Agencia (nombre): _____
2. Internet (nombre del sitio): _____
3. Anuncio en un periódico (nombre): _____
4. Feria de empleo (nombre): _____
5. Amigo: _____
6. Solicitud sin cita previa: _____
7. Asociado (nombre): _____
8. Otro: _____

SE MANTIENE ESTA INFORMACIÓN SEPARADA DE SU SOLICITUD Y NO SERÁ USADA PARA HACER DECISIONES CON RESPECTO A LA CONTRATACIÓN.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I 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:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- ☐ YES, I HAVE A DISABILITY (or previously had a disability)
- ☐ NO, I DON'T HAVE A DISABILITY
- ☐ I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

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.

VOLUNTARY POST-OFFER SELF-IDENTIFICATION FORM SURVEY

For statistical reporting we ask that you voluntarily provide the information below.

This voluntary survey assists us in complying with government recordkeeping, reporting, and other legal requirements. Government agencies require periodic reports on the sex and race of employees, under certain circumstances. We make periodic reports to the federal government regarding the data below. Your completion of this Voluntary Survey is optional. If you choose to volunteer the requested information, please note that this form is kept in a Confidential File and is not a part of your personnel file.

YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Name: _____ Date: _____

Address: _____

City: _____ State _____ Zip: _____

Job Title: _____

Protected Veteran Status: If you believe you belong to any of the categories of protected veterans listed below, please indicate by checking the appropriate box below. The terms are defined on the back of this form. 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 following classifications of protected veterans:**

☐ Disabled Veteran

☐ Recently Separated Veteran

☐ Active Duty Wartime or Campaign Badge Veteran

☐ Armed Forces Service Medal Veteran

☐ I am a protected veteran, but I choose not to self-identify the classifications to which I belong

☐ I am not a protected veteran

If you are a disabled veteran, it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

Compass Group is an equal employment opportunity employer, and we do not discriminate on the basis of race, color, religion, sex, national origin, age, veteran, disability, or any other similarly protected status. This form will be kept confidential and used only in accordance with applicable laws and regulations. When reported to the government in a statistical format, the data will not identify any specific individual. Providing this information is strictly voluntary. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Affirmative Action Protected Veteran Status Definitions

Disabled Veteran: 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.

Recently Separated Veteran: 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.

Active Duty Wartime or Campaign Badge Veteran: 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.

Armed Forces Service Medal Veteran: Any 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.