

SODEXO EMPLOYMENT APPLICATION

CONTACT INFORMATION

Name _____
Last First Middle

Present Address _____

City _____ State _____ Zip _____ Telephone # _____

Email Address _____ Alternate 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 sources: _____

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 — GENERAL

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: _____

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. _____

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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.

CRIMINAL BACKGROUND CHECKS

Sodexo conducts comprehensive, pre-employment criminal background checks. Sodexo will not disqualify any candidate solely because he/she has a conviction. Sodexo will review criminal conviction information, if any, and will disqualify candidates if: (1) the nature of the conviction(s), the time elapsed since the conviction(s), and/or the relationship between the conviction(s) and the position, among other things, suggests that granting employment would pose a risk to Sodexo, its employees, clients, client employees, customers, and/or the general public; or (2) job-related client requirements prohibit Sodexo from placing a candidate at a particular client site due to his/her criminal conviction(s).

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 employment 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 (current employer)	Date Started	Date Left	Starting Position
			Last Position
Address	Full-Time	Part-Time	Describe Major Duties:
Phone #	Starting Salary \$	Final Salary \$	
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 \$	Final Salary \$	
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 \$	Final Salary \$	
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 \$	Final Salary \$	
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, for example: 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:

EDUCATION HISTORY						
Type of School	Name and Address of School/GED Testing Center	Dates Attended		Graduated	Type of Degree, Diploma or Certificate	Major/Minor/Field of Study
		From Month/Year	To Month/Year			
High School/GED Testing Center				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED		
College or University				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Education or Training				<input type="checkbox"/> Yes <input type="checkbox"/> No		

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

List current professional license(s), registration(s), and professional organizations or affiliates, if any.
(You must include license / registration numbers in specific states / jurisdictions where you are 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? Yes No

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, for example: after acceptance of offer or a specific date, if appropriate.)

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 and/or alcohol test either pre-hire or during the course of my employment. I agree to complete all required authorization forms and provide all information necessary for Sodexo, or its agent, to conduct any required investigation or drug/alcohol testing. If hired, I authorize Sodexo to conduct subsequent investigations and/or drug/alcohol testing during the course of my employment. In addition, I agree to comply with any background check and/or drug/alcohol testing 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 FOR BACKGROUND INVESTIGATION

I understand that Sodexo, Inc. and/or its subsidiaries, will utilize the services of a consumer reporting agency ("CRA"), USA-FACT, Inc., 6200 Box Springs Blvd., Riverside, CA 95207 (800 547 0263 or www.usafact.com), to obtain a consumer report and/or 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 a consumer report may include information and/or records relating to my: criminal conviction history (consistent with federal and state law), civil court records, employment verification and references, education verification, social security number, professional license verification, past addresses, driving record, personal references, character, general reputation, personal characteristics or mode of living and may include an HHS OIG or OFAC exclusion check. I understand such information may be obtained through direct or indirect contact with former employers, schools, and public agencies or other persons who may have such knowledge. An "investigative consumer report" is a special type of consumer report in which the information described above is obtained through personal interviews with persons who may have relevant knowledge. I understand that my 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 further understand Sodexo will utilize the services of USA-FACT, Inc., 6200 Box Springs Blvd., Riverside, CA 95207 (800 547 0263 or www.usafact.com) or TalentWise Solutions LLC ("TalentWise"), 19800 North Creek Parkway, Suite 200, Bothell, Washington 98011 (877 893 1665), to obtain, through an authorized drug and alcohol testing facility, a consumer report consisting of a drug and alcohol test, when required for employment-related purposes.

I understand that any background investigation and/or drug and alcohol testing will be done 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".

I 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.

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WRITTEN DISCLOSURE FOR BACKGROUND INVESTIGATION STATE LAW NOTICES

For California applicants/employees only: Under California law, an "investigative consumer report" is a consumer report in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through any lawful means. In connection with your application for employment and/or continued employment with Sodexo, Sodexo intends to procure an investigative consumer report. Sodexo, through its investigative consumer reporting agency ("ICRA"), may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, obtaining information about your character, general reputation, personal characteristics and mode of living, verifying references, work history, your social security number, your educational achievements, licensure, certifications, driving records, illegal drug use, and other information about you, including interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report will be USA-FACT, Inc., 6200 Box Springs Blvd., Riverside, CA 95207 (800 547 0263 or www.usafact.com) or TalentWise Solutions LLC ("TalentWise"), 19800 North Creek Parkway, Suite 200, Bothell, Washington 98011 (877 893 1665) (for drug and alcohol testing only). Sodexo will provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to a visual inspection of files maintained on you by an ICRA, as follows: (1) In person, if you appear in person and furnish proper identification, during normal business hours and on reasonable notice. A copy of your file shall also be available to you for a fee not to exceed the actual costs of duplication services provided; (2) By certified mail, if you make a written request, with proper identification, for copies to be sent to a specified addressee.; (3) A summary of all information contained in your files and required to be provided by the California Code shall be provided to you by telephone, if you have made a written request, with proper identification for telephone disclosure, and the toll charges, if any, for the telephone call are prepaid by you or charged directly to you.

"Proper Identification" means information generally deemed sufficient to identify you, which includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity. The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

Massachusetts applicants/employees only: The precise nature and scope of any investigative consumer report (which commonly includes information regarding your character, general reputation, personal characteristics, and mode of living) will be the same types of information described above. You have a right to have a copy of any investigative consumer report upon request from USA-FACT, Inc., 6200 Box Springs Blvd., Riverside, CA 95207 (800 547 0263 or www.usafact.com).

Minnesota applicants/employees only: You have the right to request a complete and accurate disclosure of the nature and scope of any consumer report from USA-FACT, Inc., 6200 Box Springs Blvd., Riverside, CA 95207 (800 547 0263 or www.usafact.com) or TalentWise Solutions LLC ("TalentWise"), 19800 North Creek Parkway, Suite 200, Bothell, Washington 98011 (877 893 1665) (for drug and alcohol testing only).

Montana applicants/employee only: You have a right to request from Sodexo disclosure of the nature, scope, and substance of any investigative consumer report.

New Jersey applicants/employees only: The precise nature and scope of any investigative consumer report (which commonly includes information regarding your character, general reputation, personal characteristics, and mode of living) will be the same types of information described above. You have a right to have a copy of any investigative consumer report upon request from USA-FACT, Inc., 6200 Box Springs Blvd., Riverside, CA 95207 (800 547 0263 or www.usafact.com).

New York applicants/employees only: I acknowledge that I have received a copy of New York Correction Law Article 23-A.

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.

NEWYORK 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.

**AUTHORIZATION AND REQUIRED INFORMATION FOR
BACKGROUND INVESTIGATION**

PLEASE PRINT LEGIBLY IN BLACK INK

SECTION A

NAME OF EMPLOYEE / APPLICANT _____
(FIRST) (MIDDLE) (LAST)

SOCIAL SECURITY # _____ - _____ - _____ ** DATE OF BIRTH _____ **
(MONTH) (DAY) (YEAR)

** This information will be used for identification purposes only.

HAVE YOU BEEN KNOWN BY ANY OTHER NAMES? YES NO

IF YES, PLEASE LIST: _____

To the extent permitted by applicable state and federal law, I hereby consent to a background check investigation and authorize Sodexo to procure a consumer reports and/or investigative consumer report from USA-FACT and/or TalentWise (for drug and alcohol testing only) as described on the previous Disclosure page. I have reviewed and understand the information and notices (including the state law notices) on the Disclosure pages and this Authorization form. I agree that if I am hired, Sodexo may rely on this Authorization to obtain further background and/or drug and alcohol testing information during the course of my employment through subsequent investigations by a consumer reporting agency and/or investigative consumer reporting agency, to the extent permitted by law. I understand that if I refuse to provide any information requested here and/or needed to complete required drug and alcohol testing, 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/Employees Only:

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

SECTION B

1. ADDRESS INFORMATION—MUST BE COMPLETED BY ALL APPLICANTS

You must provide the following requested address information for all places you have lived for the past 10 years starting with your current residence:

CITY/STATE/ZIP	COUNTY (IF KNOWN)	YEARS LIVED THERE (for example: From 2001 to 2004)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Driver's License Number: _____ State _____ Expiration Date: _____

Have you ever held a driver's license in any other state? YES NO (If yes, please list the state(s) and dates (for example: New York, 2000-2003) _____)

**AUTHORIZATION AND REQUIRED INFORMATION FOR
BACKGROUND INVESTIGATION**

PLEASE PRINT LEGIBLY IN BLACK INK

3. 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 _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		_____ to _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you a Registered Dietitian? YES NO If yes, registration number: _____

In which states are you registered to practice dietetics? _____

4. PREVIOUS EMPLOYMENT VERIFICATION

Employer #1 (Current Employer)	
City/State	
Position Held	
Ending Salary	
Supervisor's Name	
Phone Number	()
Dates Employed	From: To:

Employer #2	
City/State	
Position Held	
Ending Salary	
Supervisor's Name	
Phone Number	()
Dates Employed	From: To:

May we contact now to verify the above information?

YES NO If "No," please indicate when we may contact: _____

(Please specify, for example: after acceptance of offer or specified date, if applicable.)

Employer #3	
City/State	
Position Held	
Ending Salary	
Supervisor's Name	
Phone Number	()
Dates Employed	From: To:

Employer #4	
City/State	
Position Held	
Ending Salary	
Supervisor's Name	
Phone Number	()
Dates Employed	From: To:

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.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street, N.W., Washington, DC 20552.**

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:

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

In addition, 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.consumerfinance.gov/learnmore 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.consumerfinance.gov/learnmore 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.consumerfinance.gov/learnmore.

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 888 5 OPTOUT (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.consumerfinance.gov/learnmore.

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. For more information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau, 1700 G St., N.W., Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition the CFPB	b. Federal Trade Commission: Consumer Response Center –FCRA Washington, DC 20580
2. To the extent not included item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group, 1301 McKinney St., Suite 3450, Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center, P.O. Box 1200, Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured states savings associations	c. FDIC Consumer Response Center, 1100 Walnut St., Box #11, Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration, Office of Consumer Protection, Division of Consumer Compliance and Outreach, 1775 Duke St., Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings, Aviation Consumer Protection Division, Department of Transportation, 1200 New Jersey Ave., S.E., Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board, Department of Transportation, 395 E St., S.W., Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access, United States Small Business Administration, 409 Third St., SW, 8 th Floor, Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission, 100 F St., N.E., Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration, 1501 Farm Credit Dr., McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center–FCRA Washington, DC 20580 877 382 4357

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.

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 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 supplemental 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 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 second 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.

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.

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.

APPLICANT VOLUNTARY SELF-IDENTIFICATION FORM

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

As a government contractor, Sodexo is subject to governmental recordkeeping and reporting requirements to comply with federal and state laws and regulations. Required reporting includes statistical analysis of Sodexo's employment applicants with regard to gender, race and ethnicity. Therefore, Sodexo 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 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.