



## APPLICATION FOR EMPLOYMENT

NAME \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

APPLICATION DATE \_\_\_\_\_

EARLIEST DATE AVAILABLE \_\_\_\_\_

MINIMUM SALARY REQUIRED \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

RECOMMENDED BY \_\_\_\_\_ DATE \_\_\_\_\_

AN EQUAL EMPLOYMENT/AFFIRMATIVE ACTION EMPLOYER  
M/F/D/V

**Indicate Division of Compass Group USA, Inc. for which you are applying:**

Morrison

Bateman

Chartwells

Canteen Vending Services

Compass Group USA (Corporate Office)

Eurest Dining Services

FLIK International

SHRM Catering Service

Other (Please List) \_\_\_\_\_

**(Note to Interviewer:** This application form should be kept free of any notes, comments or markings concerning the applicant.)

**PRINT CLEARLY. COMPLETE ALL ITEMS USING A BALLPOINT PEN.**

**REFERRED BY** (Circle One): (1) AGENCY (2) NEWS AD (3) FRIEND (4) WALK-IN (5) EMPLOYEE (6) OTHER SPECIFY: \_\_\_\_\_  
(Name Of 1, 2, 3, 5, or 6)

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_  
(Legal Name) SOCIAL SECURITY NUMBER

**PERMANENT MAILING ADDRESS**

STREET: \_\_\_\_\_ APT./SUITE NO: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
COUNTY: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
**EMERGENCY CONTACT:** \_\_\_\_\_ PHONE NO: \_\_\_\_\_

CIRCLE HIGHEST LEVEL OF SCHOOL COMPLETED      ELEMENTARY      HIGH SCHOOL      COLLEGE      GRADUATE  
5 6 7 8      9 10 11 12      13 14 15 16      17 18

NAME OF LAST SCHOOL ATTENDED: \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

DEGREE: \_\_\_\_\_ MAJOR: \_\_\_\_\_ MINOR: \_\_\_\_\_

ARE YOU A VETERAN OF THE U.S. MILITARY?      **1-YES**      **0-NO**

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES?      **1-YES**      **0-NO**

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE PAST SEVEN YEARS?      **1-YES**      **0-NO**

IF YES, EXPLAIN: \_\_\_\_\_  
*A Conviction Record Will Not Necessarily Bar You From Employment*

ARE YOU AVAILABLE FOR?       **FULL TIME**       **PART TIME**       **YEAR ROUND**       **SEASONAL**       **TEMPORARY**

ARE YOU WILLING TO WORK?       **DAY**       **NIGHT**       **SHIFT**       **ROTATING SHIFTS**

ARE YOU WILLING TO RELOCATE?      **YES**      **NO**

IF YES, TO WHAT AREAS? \_\_\_\_\_

ARE YOU WILLING TO TRAVEL?      **YES**      **NO**      IF YES, WHAT PERCENTAGE OF TIME? \_\_\_\_\_ %

AGE (Check One)      **18 OR OLDER**      **UNDER 18**

DO YOU HAVE A VALID DRIVING LICENSE?      **YES**      **NO**      STATE: \_\_\_\_\_ NUMBER: \_\_\_\_\_

HAVE YOU EVER APPLIED FOR WORK WITH **COMPASS GROUP USA, INC.** OR ITS SUBSIDIARIES      **YES**      **NO**

IF YES, WHEN? (Mo/Yr): \_\_\_\_\_ / \_\_\_\_\_ LOCATION: \_\_\_\_\_ POSITION: \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY **COMPASS GROUP USA, INC.** OR ITS SUBSIDIARIES      **YES**      **NO**

IF YES, WHEN? (Mo/Yr): \_\_\_\_\_ / \_\_\_\_\_ LOCATION: \_\_\_\_\_ POSITION: \_\_\_\_\_

WERE YOU EMPLOYED UNDER ANOTHER NAME? INDICATE: \_\_\_\_\_

LIST ANY RELATIVES WORKING WITH **COMPASS GROUP USA, INC.** OR ITS SUBSIDIARIES:

\_\_\_\_\_  
(NAME)      (RELATIONSHIP)      (NAME)      (RELATIONSHIP)

## EMPLOYMENT HISTORY (List your most recent employer first)

Please complete all of the sections of the Employment History. See Resume should **not** be substituted for any section on this application.

EMPLOYER:	DATE		DESCRIBE JOB DUTIES BRIEFLY:
	FROM:	TO:	
ADDRESS:	MONTH / YEAR	MONTH / YEAR	
TEL. #:			
JOB TITLE:	HOURLY RATE / SALARY		REASON FOR LEAVING:
	STARTING	FINAL	
SUPERVISOR:			
TITLE:			MAY WE CONTACT EMPLOYER?      YES      NO

  

EMPLOYER:	DATE		DESCRIBE JOB DUTIES BRIEFLY:
	FROM:	TO:	
ADDRESS:	MONTH / YEAR	MONTH / YEAR	
TEL. #:			
JOB TITLE:	HOURLY RATE / SALARY		REASON FOR LEAVING:
	STARTING	FINAL	
SUPERVISOR:			
TITLE:			MAY WE CONTACT EMPLOYER?      YES      NO

  

EMPLOYER:	DATE		DESCRIBE JOB DUTIES BRIEFLY:
	FROM:	TO:	
ADDRESS:	MONTH / YEAR	MONTH / YEAR	
TEL. #:			
JOB TITLE:	HOURLY RATE / SALARY		REASON FOR LEAVING:
	STARTING	FINAL	
SUPERVISOR:			
TITLE:			MAY WE CONTACT EMPLOYER?      YES      NO

WERE YOU EMPLOYED BY ANY OF THE ABOVE UNDER ANOTHER NAME?      YES      NO

IF YES, PLEASE INDICATE: \_\_\_\_\_

EXPLAIN ANY GAPS IN EMPLOYMENT OF 3 MONTHS OR MORE: \_\_\_\_\_

GIVE ANY INFORMATION THAT YOU BELIEVE WOULD ASSIST US IN CONSIDERING YOU FOR EMPLOYMENT:

## REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	PHONE NO.	ADDRESS	BUSINESS	YRS KNOWN
1.				
2.				
3.				

**PLEASE READ VERY CAREFULLY BEFORE SIGNING BELOW**

I understand that:

The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any facts in my application, resume and any other materials or during any interviews, can be justification for refusal of employment or, if employed, termination from the Company.

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 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 USA, Inc. to use any lawful method, in its sole discretion, it deems reasonable and necessary to determine whether an officer, employee or agent or potential officer, employee or agent has engaged in conduct that would interfere with or adversely affect the business interests of Compass Group USA, Inc., or to determine whether any officer, employee or agent has engaged in conduct warranting disciplinary action. Such investigation may include, but may not be limited to, safety related inquiries, arrest and criminal record inquiries, financial disclosure, finger printing and credit history inquiries.

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 President 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 one of the individuals designated above.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date