

APPLICATION PROCESS

When accepting applications, there are three forms that need be filled out:

1. The Application
 - New Applications were created 09/03 – please use the new form and discontinue using applications dated 10/02 or prior.
2. The Voluntary Applicant Self-Identification Form (#85948)
 - The form if completed should be kept separate from the Application itself, and should not be used by the “Hiring Manager.” It should not be attached, but is used to fill out the Applicant Flow Log (Found on SodexoNet >> Diversity Tab/Affirmative Action/Affirmative Action Forms and Resources).
3. Work Opportunity Tax Credit (WOTC) Form 8850
 - The form should be completed at the time of application and submitted to our WOTC vendor as required.

These forms should be used whether you are accepting Applications:

- At all times
- Only when you have openings

Attached:

1. Application Pages 1-4
2. The Voluntary Applicant Self-Identification Form (#85948)
3. WOTC Form 8850

SODEXHO EMPLOYMENT APPLICATION

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 Sodexho? Ad Web Agency School Employee Other

Please specify source: _____

Have you ever applied for work with or been employed by Sodexho Inc., Sodexho Marriott Services, Marriott Management Services, Sodexho 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

Social Security# _____

For reference checking purposes, list all name(s) you have used or gone by in the past, if any, other than that listed above:

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

Have you ever been convicted of any felonies within the past seven (7) years? Yes No (A conviction will not necessarily disqualify you from employment with Sodexho.)
(Applicants need not disclose information pertaining to sealed or expunged conviction records.)

If yes, give date, nature and place of conviction(s): _____

Are there any restrictions on the hours or day you are able to work? Yes No
 If yes, please explain: _____

Foreign Languages: _____ Read Write Speak
 _____ Read Write Speak

EDUCATIONAL HISTORY

Type of School	Name and Address of School	Dates Attended		Graduated	Type of Degree, Diploma or Certificate	Major/Minor/Field of Study
		From: Month/Year	To: Month/Year			
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No		
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 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.)

EMPLOYMENT EXPERIENCE

Please list your job history for the past six years (or last four employers), whichever list 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, previous Sodexho Inc., Sodexho Marriott Services, Marriott Management Services, Sodexho USA or Wood Dining Services experience, 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
Address	Full Time	Part Time	Last Position
			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
Address	Full Time	Part Time	Last Position
			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
Address	Full Time	Part Time	Last Position
			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
Address	Full Time	Part Time	Last Position
			Describe Major Duties:
Phone#	Starting Salary \$	Final Salary \$	
Reason for leaving:			
Name of Supervisor, Title, and Phone Number:		Additional References and Phone Number(s):	

Do you have any objections to our contacting your present employer to verify the above?

No, 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: _____

PROFESSIONAL OR PERSONAL REFERENCES

Name	Years Known	Occupation	Complete Address	Telephone

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

If yes, do you have any objection to our contacting that individual whose name you gave?

No, 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.)

OTHER RELEVANT INFORMATION

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.

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY AND SIGN WHERE APPROPRIATE

ADDENDUM TO SODEXHO APPLICATION FOR MARYLAND

I understand that 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 \$100.00.

Applicant Signature

I have read and understand the above statement.

Applicant Printed Name

Date

ADDENDUM TO SODEXHO APPLICATION FOR CALIFORNIA

Regarding questions on felony convictions in the Personal Section of the Application Form:

Please exclude misdemeanor convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged, or legally eradicated; and misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed.

The company will not deny employment to any applicant solely because the person has been convicted of a crime. Each case will be evaluated based on its own facts and merits.

Applicant Signature

I have read and understand the above statement.

Applicant Printed Name

Date

ADDENDUM TO SODEXHO APPLICATION FOR CONNECTICUT

An applicant for employment need not disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to section 46b-146, 54-76o or 54-142a. Criminal records subject to erasure pursuant to Conn. Gen. Stat. section 46b-146, 54-76o or 54-142a pertain 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 has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon. Applicants whose records have been so erased shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

Applicant Signature

I have read and understand the above statement.

Applicant Printed Name

Date

ADDENDUM TO SODEXHO APPLICATION FOR MASSACHUSETTS

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.

An applicant for employment with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment 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.

Applicant Signature

I have read and understand the above statement.

Applicant Printed Name

Date

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Sodexho does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, age, disability, veteran status or on any other basis protected by law. If needed, reasonable accommodations for the hiring process will be made.

AUTHORIZATION AND RELEASE

The information that I have provided is accurate to the best of my knowledge and subject to validation by Sodexho. I understand and agree that any misrepresentation or omission of a fact in my application may be justification for not being hired or, if hired, termination of any employment with Sodexho.

I understand that an offer of employment and my continued employment with Sodexho 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 is intended to create an employment contract between myself and Sodexho for either 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 Sodexho unless made in writing. I understand that my employment is terminable at-will, and that either I or my employer may terminate my employment at any time, with or without, cause, for any or no reason, and that I am not being employed for any specific term.

I understand that business needs at times make conditions such as the following mandatory: overtime, shift work, and rotating work schedules. I understand and accept these conditions of my employment.

I understand that under Sodexho policy and applicable law, applicants will not be asked to take a lie detector or polygraph test.

I authorize a thorough investigation of my educational background, past employment and activities that may relate in any way to my potential fitness for employment with Sodexho.

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

Applicant Signature

I understand that I may be required to take and pass a drug test as a condition of being hired at or transferred to a Sodexho location

I have read and understand the above statement.

Applicant Printed Name

Date

Voluntary Applicant Self-Identification Form

(English—Form #85948)

TO: Applicants

SUBJECT: Data for Use in Affirmative Action Reporting

As a government contractor, Sodexo is responsible for analyzing and reporting personnel activities as they relate to our applicant population. Analysis of required reports includes a statistical accounting of our applicant population with regard to sex and race/ethnic identification. We request that you assist us in this process by completing the information below.

NAME:

SEX: Male _____ Female _____

RACE/ ETHNIC IDENTIFICATION:

_____Black (Not of Hispanic origin) - All persons having origins in any of the black racial groups of Africa.

_____Asian or Pacific Islander—All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

_____American Indian or Alaska Native—All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

_____Hispanic—All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. Includes those with Hispanic surnames.

_____White (Not of Hispanic origin)—All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

The information provided will be used only in ways that are consistent with government regulations regarding reporting, monitoring, and preparing affirmative action data. Submission of this information is voluntary and refusal to provide it will not subject you to unfavorable treatment or impact any employment decisions.

If you have any questions regarding completion of this form, please speak to the Unit Manager and/or human resources representative.

I do not wish to submit this information at this time (please initial if appropriate)

#85948 – applicant ID form ltr.doc

Revised: 5/01

Instructions for Form 8850

(Revised September 1997)

Pre-Screening Notice and Certification Request for the Work Opportunity and Welfare-to-Work Credits

Section references are to the Internal Revenue Code unless otherwise noted.



Department of the Treasury
Internal Revenue Service

General Instructions

Changes To Note

- The Taxpayer Relief Act of 1997 ("the Act") extended the work opportunity credit for 9 months to June 30, 1998. Use this form only for individuals who begin work after September 30, 1997.
- The Act changed the work opportunity credit to a two-tiered credit, based on how long the individual is employed. See **Form 5884**, Work Opportunity Credit, for more details.
- The Act added a new targeted group, qualified supplemental security income (SSI) recipients, identified as targeted group 8. It also changed the requirements for targeted groups 1 and 2. The requirement for receipt of assistance for targeted group 1 individuals was changed from 9 **consecutive** months during the 18-month period to **any** 9 months during the period. Details of these changes and revised requirements for qualified veterans in targeted group 2 are discussed under **Members of Targeted Groups**, below.
- The Act treats parts of Washington, DC, as an empowerment zone effective January 1, 1998. This applies to individuals described in targeted groups 4 and 6.
- The Act added the new welfare-to-work credit, effective for qualified individuals who begin work after December 31, 1997, and before May 1, 1999. See **Form 8861**, Welfare-to-Work Credit, for more details. Starting January 1, 1998, use Form 8850 to pre-screen and make a written request to a state employment security agency (SESA) to certify an individual as a long-term family assistance recipient for the purpose of qualifying for this new credit. The requirements that the applicant must meet are described under **Welfare-to-Work Job Applicants** on page 2.

Purpose of Form

Employers use Form 8850 to pre-screen and to make a written request to a SESA to certify an individual as a member of a targeted group for purposes of qualifying for the work opportunity credit. For the work opportunity credit, use this form only for individuals who begin work for the employer after September 30, 1997, and before July 1, 1998.

Starting January 1, 1998, employers also use Form 8850 to pre-screen and make a written request to a SESA to certify an individual as a long-term family assistance recipient for purposes of qualifying for the welfare-to-work credit.

Submitting Form 8850 to the SESA is but one step in the employer qualifying for the work opportunity credit or the welfare-to-work credit. The SESA must certify the job applicant is a member of a targeted group or is a long-term family assistance recipient. After starting work, the employee must meet the minimum number-of-hours-worked requirement for the work opportunity credit or the minimum number-of-hours, number-of-days requirement for the welfare-to-work credit. The employer may elect to take the applicable credit by filing the applicable credit form.

Who Should Complete and Sign the Form

The job applicant gives information to the employer on or before the day a job offer is made. This information is entered on Form 8850. Based on the applicant's information, the employer determines whether or not he or she believes the applicant is a member of a targeted group (as defined under **Members of Targeted Groups** below) or a long-term family assistance recipient (as defined under **Welfare-to-Work Job Applicants** on page 2). If the employer believes the applicant is a member of a targeted group or a long-term family assistance recipient, the employer completes the rest of the form no later than the day the job offer is made. Both the job applicant and the employer must sign Form 8850 no later than the date for submitting the form to the SESA.

Instructions for Employer

When and Where To File

Do not file Form 8850 with the Internal Revenue Service. Instead, submit it to your SESA no later than the 21st day after the job applicant begins work for you.

To get a directory of state work opportunity credit (and after December 31, 1997, welfare-to-work credit) coordinators who can tell you where to send Form 8850, visit the Department of Labor's web site at www.doleta.gov/wotc.htm, or call (202) 219-9092, ext. 137 (not a toll-free number).

Recordkeeping

Keep copies of Forms 8850, along with any transmittal letters that you submit to your SESA, as long as they may be needed for the administration of the Internal Revenue Code provisions relating to the work opportunity credit and the welfare-to-work credit. Records that support these credits usually must be kept for 3 years from the date any income tax return claiming the credits is due or filed, whichever is later.

Members of Targeted Groups

A job applicant may be certified as a member of a targeted group if he or she is:

1. A member of a family receiving assistance under a state plan approved under part A of title IV of the Social Security Act relating to Aid to Families with Dependent Children (AFDC) or any successor program. The assistance must be received for any 9 months during the 18-month period that ends on the hiring date.
2. A veteran who is a member of a family receiving assistance under the Food Stamp program for generally at least a 3-month period during the 15-month period ending on the hiring date. See section 51(d)(3).

To be considered a **veteran**, the applicant must:

- Have served on active duty (not including training) in the Armed Forces of the United States for more than 180 days OR have been discharged for a service-connected disability, AND

- Not have a period of active duty (not including training) of more than 90 days that ended during the 60-day period ending on the hiring date.

3. An ex-felon who:

- Has been convicted of a felony under any Federal or state law,
- Is hired not more than 1 year after the conviction or release from prison for that felony, AND
- Is a member of a family that had income on an annual basis of 70% or less of the Bureau of Labor Statistics lower living standard during the 6 months preceding the earlier of the month the income determination occurs or the month in which the hiring date occurs.

4. An individual who is at least age 18 but not yet age 25 on the hiring date and lives in an empowerment zone or enterprise community.

The Secretary of Housing and Urban Development (HUD) designated parts of the following cities as urban empowerment zones:

- Atlanta, GA (9.29 square miles)
- Baltimore, MD (6.8 square miles)
- Philadelphia, PA/Camden, NJ (4.4 square miles)
- Chicago, IL (14.33 square miles)
- Detroit, MI (18.3 square miles)
- New York City, NY (the Bronx and Manhattan) (7.6 square miles)

The Secretary of Agriculture (USDA) designated the following rural empowerment zones:

- The Kentucky Highlands (part of Wayne and all of Clinton and Jackson counties)
- Mid-Delta, Mississippi (parts of Bolivar, Holmes, Humphreys, Leflore, Sunflower, and Washington counties)
- Rio Grande Valley, Texas (parts of Cameron, Hidalgo, Starr, and Willacy counties)

Effective January 1, 1998, parts of Washington, DC, are treated as an empowerment zone.

There are 65 urban and 30 rural enterprise communities located in 35 states and the District of Columbia. There are no empowerment zones or enterprise communities in Puerto Rico, Guam, or any U.S. possession.

You may call HUD at 1-800-998-9999 for information on the six urban empowerment zones and Washington, DC. You may call the USDA at 1-800-645-4712 about the rural empowerment zones. On the Internet, you can find the EZ/EC Home Page at

www.ezec.gov. Your SESA has information on where the enterprise communities are located. Also, many enterprise communities have their own web sites.

5. An individual who has a physical or mental disability resulting in a substantial handicap to employment and who was referred to the employer upon completion of (or while receiving) rehabilitation services under a state rehabilitation plan or a program approved by the Department of Veterans Affairs.

6. An individual who:

- Performs services for the employer between May 1 and September 15
- Is age 16 but not yet age 18 on the hiring date (or if later, on May 1)
- Has never worked for the employer before, AND
- Lives in an empowerment zone or enterprise community.

7. An individual who:

- Is at least age 18 but not yet age 25 AND
- Is a member of a family that—
 - a. Has received food stamps for the 6-month period ending on the hiring date OR
 - b. Is no longer eligible for such assistance under section 6(o) of the Food Stamp Act of 1977 and the family received food stamps for at least 3 months of the 5-month period ending on the hiring date.
- 8. An individual who is receiving supplemental security income benefits under title XVI of the Social Security Act (including benefits of the type described in section 1616 of the Social Security Act or section 212 of Public Law 93-66) for any month ending within the 60-day period ending on the hiring date.

Welfare-to-Work Job Applicants

An individual who begins work for the employer after December 31, 1997, may be certified as a long-term family assistance recipient if he or she is a member of a family that:

- Has received assistance payments from AFDC or a successor program for at least 18 consecutive months ending on the hiring date, OR
- Receives assistance payments from AFDC or a successor program for any 18 months (whether or not consecutive) beginning after August 5, 1997, OR
- After August 5, 1997, stops being eligible for assistance payments because Federal or state law limits the maximum period such assistance is payable, and the individual is hired not more than 2 years after such eligibility for assistance ends.

Pre-Screening Notice and Certification Request for the Work Opportunity and Welfare-to-Work Credits

▶ See separate instructions.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ▶ _____

Street address where you live _____

City or town, state, and ZIP code _____

Telephone number () - _____

If you are under age 25, enter your date of birth (month, day, year) ____ / ____ / ____

Work Opportunity Credit

- 1 Check here if you received a conditional certification from the state employment security agency (SESA) or a participating local agency for the work opportunity credit.
- 2 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 last 18 months.
 - I am a veteran and a member of a family that received food stamps for at least a 3-month period within the last 15 months.
 - I was referred here by a rehabilitation agency approved by the state or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 25 or older and I am a member of a family that:
 - a Received food stamps for the last 6 months **or**
 - b Received food stamps for at least 3 of the last 5 months, **but** is no longer eligible to receive them.
 - Within the past year, I was convicted of a felony or released from prison for a felony **and** during the last 6 months I was a member of a low-income family.
 - I received supplemental security income (SSI) benefits for any month ending within the last 60 days.

Welfare-to-Work Credit

- 3 Check here if you received a conditional certification from the SESA or a participating local agency for the welfare-to-work credit.
- 4 Check here if you are a member of a family that:
- Received TANF payments for at least the last 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 within the last 2 years, **or**
 - Stopped being eligible for TANF payments within the last 2 years because Federal or state law limited the maximum time those payments could be made.

All Applicants

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ _____

Date ____ / ____ / ____

For Employer's Use Only

Employer's name _____ Telephone no. () - EIN ▶ _____

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above _____ Telephone no. () -

Street address _____

City or town, state, and ZIP code _____

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) ▶ _____

Date applicant: Gave information / / Was offered job / / Was hired / / Started job / /

Under penalties of perjury, I declare that I completed this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group or a long-term family assistance recipient. I hereby request a certification that the individual is a member of a targeted group or a long-term family assistance recipient.

Employer's signature ▶ Title Date / /

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code. Section 51(d)(12) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's Federal tax return. Completion of this form is voluntary and may assist members of targeted groups and long-term family assistance recipients in securing employment. Routine uses of this form include giving it to the state employment security agency (SESA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group or a long-term family assistance recipient. This form may also be given to the Internal Revenue Service

for administration of the Internal Revenue laws, to the Department of Justice for civil and criminal litigation, to the Department of Labor for oversight of the certifications performed by the SESA, and to cities, states, and the District of Columbia for use in administering their tax laws. In addition, we may disclose this information to Federal, state, or local agencies that investigate or respond to acts or threats of terrorism or participate in intelligence or counterintelligence activities concerning terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: Recordkeeping 2 hr., 46 min. Learning about the law or the form 36 min. Preparing and sending this form to the SESA 36 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001.

Do not send this form to this address. Instead, see When and Where To File in the separate instructions.

