



DRIVER'S Application For Employment

NOTICE TO APPLICANTS FOR EMPLOYMENT

Sysco West Coast Florida, Inc., is an "at will" employer, which means that either the employer or the employee may terminate the employment relationship at any time for any or no reason with or without notice.

I understand that I will be permitted to submit an application for only one position per application. I further understand that inclusion of more than one position on the application form will disqualify my application from further processing.

The application process consists of completing the following:

1. Application (separate application for Drivers)
2. Request for Information (from previous employer)
3. Voluntary Statement on Affirmative Action
4. Reimbursement Agreement
5. Release of information and Hold Harmless Agreement
6. Consent for search and/or drug/alcohol testing
7. Final Page (Signature Required)

INCOMPLETE APPLICATION, INCLUDING BUT NOT LIMITED TO, AN APPLICATION OMITTING DATES, SIGNATURE OR POSITION APPLIED FOR, WILL NOT BE CONSIDERED.

I affirm that I have read and understand the above instructions and will be bound by them: Yes No

Applicant name (type in lieu of signature): _____ Date: _____



DRIVER'S Application For Employment

Sysco West Coast Florida, Inc.
3000 69th Street East, Palmetto Florida, 34221

**NOTICE: This application MUST be filled out completely and accurately in order for employment to be considered.
An Equal Opportunity Employer**

I authorize the company to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in determining an employment decision. (Generally, inquiries regarding medical history will be made only if a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from liability in responding to inquires and releasing information in connection with my application.

"I understand that information I provide regarding current and/or previous employers may be used and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49CFR 391.23(d) and (e).

I understand I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those employers to re-send the correct information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

I affirm that I have read and understand the above instructions and will be bound by them: Yes No

Applicant name (type in lieu of signature): _____ Date: _____

Position(s) Applied for	Salary/Wage Desired:
-------------------------	----------------------

Last Name:	First Name:	Middle Name:
------------	-------------	--------------

Telephone Number(s) (Work):	(Home):	Social Security Number	Date of Birth
--------------------------------	---------	------------------------	---------------

PAST THREE YEARS OF RESIDENCY:

Current Address:	City:	State:	Zip Code	Number of years at Address:
Previous Address: :	City:	State:	Zip Code	Number of years at Address:
Previous Address: :	City:	State:	Zip Code	Number of years at Address:

How did you learn about us? Advertisement Employment Agency Walk-In Relative _____
 Friend _____ Other _____

Have you ever applied to this company or any of its affiliates before? Yes No

If yes, when, where, and for what position? _____

Have you ever been employed with this company or any of its affiliates before? Yes No

If yes, when, where, and in what position? _____

Are you currently employed? Yes No

If yes, may we contact your current employer? Yes No

If not employed, how long since leaving your last employment? _____

Do you have the legal right to work in the United States? Yes No
(Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? _____

Availability: Full Time Part Time Shift Work Temporary

Are there any hours or days you are not available or willing to work? Yes No

If yes, please specify: _____



DRIVER'S Application For Employment

Do you plan or expect to be working in any other business or job if employed with our company? Yes No

Do you have the ability to work overtime and weekends if required by the job for which you are applying? Yes No

Have you been convicted of a felony (excluding minor traffic violations), including DUI, within the last 7 years? Yes No
If yes, please explain:

(Conviction will not necessarily disqualify an applicant from employment)

License Information

Section 381.21 of the FMCSR states that no person who operates commercial motor vehicle shall at any time have more than one driver's license. I certify that I do not have more than one motor vehicle operator's license, for which the information is provided below.

STATE	LICENSE NO.	TYPE	Endorsements	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

B. Has any license, permit or privilege ever been suspended or revoked? Yes No

IF THE ANSWER TO EITHER "A" OR "B" IS YES, GIVING DETAILS BELOW:

DRIVING EXPERIENCE AND QUALIFICATIONS

CLASS OF EQUIPMENT	EQUIPMENT TYPE (Van, Tank, Flat, Etc.)	DATES		APPROX # OF MILES (TOTAL)
		TO	FROM	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

DID YOU ATTEND AND GRADUATE FROM A PROFESSIONAL TRUCK DRIVING SCHOOL?: Yes (Date: _____) No

If yes, name school and location. _____ What was your final score? _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?



DRIVER'S Application For Employment

EMPLOYMENT HISTORY

Driver applicants shall provide all employment history for the past 10 years. (Add another sheet if necessary). Start with your present or last job. Include any job-related military service assignments and volunteer activities. If self-employed, give firm name and supply business references.

NOTE: The Federal Motor Carrier Safety Regulations (FMCSRs) apply to any person operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, or (3) is of any size and used to transport hazardous materials in a quantity requiring placarding.

EMPLOYER (CURRENT)			DATES					
Name:	Phone:		From	Mo:	Yr:	To	Mo:	Yr:
Address:			Position Held:					
City:	State:	Zip:	Salary/Wage Starting:			Salary/Wage Starting:		
Name/Title of Last Supervisor:			Reason for Leaving:					
Were you subject to the FMCSR'S* while employed <input type="checkbox"/> Yes <input type="checkbox"/> No								
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No								
ACCOUNT FOR PERIODS BETWEEN JOBS – Include dates (month/year) and reason:								
EMPLOYER (SECOND TO LAST)			DATES					
Name:	Phone:		From	Mo:	Yr:	To	Mo:	Yr:
Address:			Position Held:					
City:	State:	Zip:	Salary/Wage Starting:			Salary/Wage Starting:		
Name/Title of Last Supervisor:			Reason for Leaving:					
Were you subject to the FMCSR'S* while employed <input type="checkbox"/> Yes <input type="checkbox"/> No								
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No								
EMPLOYER (THIRD TO LAST)			DATES					
Name:	Phone:		From	Mo:	Yr:	To	Mo:	Yr:
Address:			Position Held:					
City:	State:	Zip:	Salary/Wage Starting:			Salary/Wage Starting:		
Name/Title of Last Supervisor:			Reason for Leaving:					
Were you subject to the FMCSR'S* while employed <input type="checkbox"/> Yes <input type="checkbox"/> No								
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No								



DRIVER'S Application For Employment

EMPLOYER (FOURTH TO LAST)			DATES					
Name:	Phone:		From	Mo:	Yr:	To	Mo:	Yr:
Address:			Position Held:					
City:	State:	Zip:	Salary/Wage Starting:			Salary/Wage Starting:		
Name/Title of Last Supervisor:			Reason for Leaving:					
Were you subject to the FMCSR'S* while employed <input type="checkbox"/> Yes <input type="checkbox"/> No								
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No								
EMPLOYER (FIFTH TO LAST)			DATES					
Name:	Phone:		From	Mo:	Yr:	To	Mo:	Yr:
Address:			Position Held:					
City:	State:	Zip:	Salary/Wage Starting:			Salary/Wage Starting:		
Name/Title of Last Supervisor:			Reason for Leaving:					
Were you subject to the FMCSR'S* while employed <input type="checkbox"/> Yes <input type="checkbox"/> No								
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No								
EMPLOYER (SIXTH TO LAST)			DATES					
Name:	Phone:		From	Mo:	Yr:	To	Mo:	Yr:
Address:			Position Held:					
City:	State:	Zip:	Salary/Wage Starting:			Salary/Wage Starting:		
Name/Title of Last Supervisor:			Reason for Leaving:					
Were you subject to the FMCSR'S* while employed <input type="checkbox"/> Yes <input type="checkbox"/> No								
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No								
EMPLOYER (SEVENTH TO LAST)			DATES					
Name:	Phone:		From	Mo:	Yr:	To	Mo:	Yr:
Address:			Position Held:					
City:	State:	Zip:	Salary/Wage Starting:			Salary/Wage Starting:		
Name/Title of Last Supervisor:			Reason for Leaving:					
Were you subject to the FMCSR'S* while employed <input type="checkbox"/> Yes <input type="checkbox"/> No								
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No								



DRIVER'S Application For Employment

Accident record for past 3 years - If no accidents in last 3 years check here

DATES (Month/Year)	NATURE OF ACCIDENT (Head-On, Rear End, Upset, Etc.)	Number of FATALITIES	Number of INJURIES
Last Accident			
Next Previous			
Next Previous			

Traffic convictions & forfeitures (3 years) - If no traffic convictions or forfeitures in last 3 years check here

LOCATION	DATE	CHARGE	PENALTY

(Attach sheet if more space is needed)

Education

(Check highest grade completed): 1 2 3 4 5 6 7 8

High School: 9 10 11 12 Did you graduate?: Yes No

College: 1 2 3 4 Degree if any: _____

Last school attended: Name: _____ City, State: _____

Affidavit: To be read and signed by applicant

I certify that any answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for termination of my employment.

I agree that, if I am employed, I will abide by the rules and regulations of the Company. I understand that taking of drug and alcohol tests, when given pursuant to Company policy, are as a condition of continued employment, and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that no one in the company is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the President of the Company. I also understand that my employment is "at-will" and may be terminated by myself or by the Company at any time, for any reason, or no reason at all, with or without prior notice.

I affirm that I have read and understand the above instructions and will be bound by them: Yes No

Applicant name (type in lieu of signature): _____ Date: _____



DRIVER'S Application For Employment

REQUEST FOR INFORMATION - From Previous Employer

I hereby authorize you to release the following information to Sysco West Coast Florida, Inc., for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Applicant name (type in lieu of signature): _____

Date: _____

THIS FORM WAS (check appropriate): Mailed, Date: _____ Faxed, Date: _____
 E-Mailed, Date: _____ Received by Phone, Date: _____ Person Contacted: _____

NAME AND ADDRESS OF PREVIOUS EMPLOYER:

Previous Employer Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Applicant: _____ Social Security No.: _____

Dear Sir/Madam:

The above named individual has made application to this company for a position as _____ and states that he/she was employed by you, as _____ from (month/year) _____ to (month/year) _____.

In accordance with Section 391.23, we are required to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the three (3) years preceding (date of application) _____. Please complete the information below and return to us within thirty (30) days as required by Section 391.23(g). You may return the information by fax, mail, or email.

Prospective Employer: Sysco West Coast Florida
3000 69th St. E
Palmetto FL 34221

Attention: Heidi Arias
Fax: (941) 721-1486
Email: Arias.Heidi@wcf.sysco.com

TO BE COMPLETED BY PREVIOUS EMPLOYER

PART 1: DRIVER IDENTIFICATION

The applicant named above was employed by us, Yes No

Employed as _____ from (month/year): _____ to (month/year): _____

If driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check here

PART 2: SAFETY PER FORMANCE HISTORY

1. Did this employee drive a motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor-Semi-trailer Bus Cargo tank
 Doubles or triples Other (please specify) _____

2. Reason for leaving your employment: Discharged Resignation Lay Off Military Duty Other (please specify) _____

If there is no safety performance history to report, check here, sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Signature: _____

Title: _____

Date: _____

PREVIOUS EMPLOYER: KEEP A RECORD OF THIS REQUEST AND THE RESPONSE FOR ONE YEAR, INCLUDING THE DATE, THE PARTY TO WHOM IT WAS RELEASED, AND A SUMMARY IDENTIFYING WHAT WAS PROVIDED. PREVIOUS EMPLOYER – RETURN TO PROSPECTIVE EMPLOYER.



DRIVER'S Application For Employment

TO BE COMPLETED BY PREVIOUS EMPLOYER

PART 3: DRUG AND ALCOHOL HISTORY

If the driver was not subject to DOT testing requirements while employed with your company, please check here , fill in the dates of employment from _____ to _____, complete the bottom of this section and return.

Driver was subject to DOT testing requirements from _____ to _____.

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? Yes No
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? Yes No
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? Yes No
4. Has this person committed other violations of Subpart B of Part 382 or Part 40? Yes No
5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a SAP in your employ? If yes, please send documentation with this form. Yes No
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? Yes No

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date.

Name: _____

Company: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____

Completed by: _____
(Signature)

Date: _____

PREVIOUS EMPLOYER: KEEP A RECORD OF THIS REQUEST AND THE RESPONSE FOR ONE YEAR, INCLUDING THE DATE, THE PARTY TO WHOM IT WAS RELEASED, AND A SUMMARY IDENTIFYING WHAT WAS PROVIDED. PREVIOUS EMPLOYER – RETURN TO PROSPECTIVE EMPLOYER.



DRIVER'S Application For Employment

Sysco West Coast Florida, Inc.
3000 – 69th Street East, Palmetto, Florida 34221

AFFIRMATIVE ACTION VOLUNTARY INFORMATION

Federal regulations require the Company to provide you an opportunity to self identify for affirmative action purposes and in accordance with the Americans with Disabilities and Rehabilitation Act. **Providing this information is entirely optional and voluntary:** disclosure or refusal to complete this form will not subject you to any adverse treatment. You may self identify or request to benefit under the Company's Affirmation Action Program now or at any time in the future. The information will be kept confidential, separate from hiring decisions and personnel records, and will be used only in accordance with the above regulations.

PLEASE CHECK EACH BOX THAT APPLIES TO YOU:

- Gender: Male Female Decline to Answer
- Race/Ethnic Group: Black or African American-All persons having origins in any of the Black racial Groups of Africa
- Asian-All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including for example, Cambodia, China, and India.
- Native Hawaiian or Other Pacific Islander-All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaskan Native-All persons having origins in an of the original peoples of North America and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Hispanic or Latino-All persons of Mexican, Puerto Rican, Cuban Central or South American, or other Spanish culture or origin, regardless of race.
- White (Not of Hispanic Origin)-All persons having origins in any of the original Peoples of Europe, North Africa, or the Middle East.
- Two or More Races-For persons who are not Hispanic or Latino and identify With more than one of the five races listed above.
- Decline to answer

PLEASE CHECK THE BOX BELOW IF IT APPLIES TO YOU:

- Vietnam Era Veteran** An eligible veteran (at least 180 days active duty), any part of whose active military service was in Vietnam between 02/28/61 and 5/07/75 **or else** between 8/05/64 and 5/07/74.
- Other Eligible Veteran** Other Eligible Veteran-Active duty (at least 180 days) service member receiving campaign or expeditionary badge.

Please check here and sign below to acknowledge that you had the opportunity to self identify:

Applicant name (type in lieu of signature): _____ Date: _____



DRIVER'S Application For Employment

Sysco West Coast Florida, Inc.

3000 – 69th Street East, Palmetto, Florida 34221

RELEASE OF INFORMATION

I, the undersigned, do hereby authorize COMPU-FACT, INC., to conduct a pre-employment background investigation on me for the purpose of determining my suitability for employment with Sysco West Coast Florida, Inc.

This authorization is for the release of any and all information pertaining to me, including but not limited to the following:

1. Educational institutions concerning my educational record, conduct, skills, habits, character, grade point average, and degree(s) obtained.
2. Law enforcement agencies, military authorities, motor vehicle bureaus, institutions, and courts of law.
3. Previous or current employer(s) concerning my dates of employment, positions/titles, work habits, skills, general character, wages/salary/commissions/bonuses, disciplinary actions, credit reports and reasons for leaving.
4. Previous or current employer(s) concerning information about drug screen results and/or accidents in compliance with DOT regulations.

HOLD HARMLESS RELEASE

I hereby consent to this background investigation and RELEASE AND HOLD HARMLESS employees/agents, Sysco West Coast Florida, Inc., law enforcement agencies, credit reporting agencies, state and federal agencies, educational institutions, owners, present and/or past employers, landlords, and all officers and employees that shall provide information to the Company, upon request, for any and all claims, suits, or expenses arising from or related to the content, validity, or handling of said reports.

I affirm that I have read and understand the above instructions and will be bound by them: Yes No

Applicant name (type in lieu of signature): _____ Date: _____

Witness Name (Please Print)

Witness Signature
**Witness information will be filled in by an HR Representative if and when you are called back for an interview.*

Date



DRIVER'S Application For Employment

Sysco West Coast Florida, Inc.

3000 – 69th Street East, Palmetto, Florida 34221

DRUG & ALCOHOL SCREEN AND SEARCH OF PROPERTY CONSENT FORM

I voluntarily agree to a urine, breath and/or blood test for drug and alcohol testing. I agree to provide urine, breath and/or blood specimens and authorize Sysco West Coast Florida ("The Company") to use such specimens for the purpose of complying with the provisions of its Drug and Alcohol Policy. I further authorize those persons or firms taking such sample specimens to release the results of any test to the Company.

I agree that such results may be used in the refusal to hire me or as the basis for disciplinary action up to and including termination. I understand that the Company will maintain the confidentiality of the test results.

I voluntarily agree that the Company may search my personal property, my vehicle while on Company premises, or my lockers or other storage areas provided by the Company. Such searches will only be conducted if the Company has reasonable cause to believe that I am in violation of this policy and in the presence of one or more witnesses. The search will have to be authorized by one or more Company official(s). I understand that if I refuse an authorized search, I may be subject to disciplinary action up to and including termination.

I voluntarily agree to notify the Human Resources Department and my supervisor if I am using any prescribed medication that may affect my job performance.

This consent will remain in effect for the entire term of my employment with the Company.

I hold harmless the Company, its officers, and its employees for any authorized implementation of this policy.

I affirm that I have read and understand the above instructions and will be bound by them: Yes No

Applicant name (type in lieu of signature): _____ Date: _____

Witness Name (Please Print)

Witness Signature

**Witness information will be filled in by an HR Representative if and when you are called back for an interview.*

Date



DRIVER'S Application For Employment

APPLICATION – FINAL PAGE

1. I understand that this application and any attachments are the property of Sysco Corporation (the Company).
2. I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.
3. I hereby grant the Company permission to verify such answers, and I further understand that any false statement or omission on this application may be considered as sufficient cause for rejection of the application, or for dismissal if such false statement or omission is discovered subsequent to my employment.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you.
5. Any offer of employment is contingent upon several criteria, including my satisfactorily passing a physical examination and/or any associated laboratory test(s) that may be prescribed by the Company.
6. Any offer of employment tendered to me is based upon my agreement to abide by the rules and regulations of the Company and acknowledgment that such rules and regulations may be changed, interpreted, withdrawn or added to at the sole discretion of the Company at any time without prior notice to me.
7. I further acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without cause, and with or without prior notice, at any time, at the option of the Company or myself.
8. I understand that no representative of the Company, other than the President, has any authority to enter into any agreement for employment for any specified period of time, or assure or make some other personnel move, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or make any agreement contrary to the foregoing.
9. I further understand that any such agreement must be in writing and signed by the Company President.
10. It is the policy of the Company to implement affirmatively equal opportunity to all qualified employees and applicants for employment without regard to race, color, religion, sex, age, veteran status, national origin, disability, medical condition or ethnic group and positive action shall be taken to ensure the fulfillment of this policy.
11. I certify that I am not listed as debarred, suspended, or otherwise ineligible for Federal programs as set forth in the list of Parties Excluded from Federal Procurement Programs publication.
12. I affirm that I have read and understand the above instructions and will be bound by them.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. Agree Disagree

Applicant name (type in lieu of signature): _____ **Date:** _____