



# General Application For Employment

## Sysco West Coast Florida, Inc.

3000 69<sup>th</sup> Street East  
Palmetto, Florida 34221

## 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. Voluntary Statement on Affirmative Action
3. Reimbursement Agreement
4. Release of information and Hold Harmless Agreement
5. Supplemental Data Sheet
6. Consent for search and/or drug/alcohol testing
7. Questionnaire for Mechanic positions – To be completed at Sysco West Coast Florida

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: \_\_\_\_\_



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## EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer

Please complete the form entirely. Incomplete applications will not be considered as legitimate employment inquiries. Driver applicants must also complete the Supplemental Driver Application Forms.

Date of application: \_\_\_\_\_ Position applying for: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

## GENERAL DATA

Are you eligible for work in the U.S.? -Yes -No

Are you 18 years of age or older? -Yes -No:

Date available for work: \_\_\_\_\_ Salary requirements: \_\_\_\_\_

Are you willing to work weekends? -Yes -No Are you willing to work nights? -Yes -No

Available for work:  Full-Time  Part-Time If Part-Time, specify hours and days: \_\_\_\_\_

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

If yes, when: \_\_\_\_\_

Who referred you to this company? -Employee (Name: \_\_\_\_\_)

-Newspaper -Internet -Sysco West Coast Florida Website -Other \_\_\_\_\_

What qualities do you possess that will aid you in performing the job for which you are applying?

Have you even been convicted of a felony? -Yes -No ... If yes, explain the nature and date of the offense.

Have you even been discharged or forced to resign from any position? -Yes -No ... If yes, please give details.

## EDUCATION:

| School name and complete address | Course of Study | Years Completed | Degrees |
|----------------------------------|-----------------|-----------------|---------|
| _____                            | _____           | _____           | _____   |
| _____                            | _____           | _____           | _____   |
| _____                            | _____           | _____           | _____   |

Do you have business or professional certificates or licenses? -Yes -No If yes, type: \_\_\_\_\_

State issued: \_\_\_\_\_ Certificate No. \_\_\_\_\_ Year Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_



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EXPERIENCE: START WITH YOUR PRESENT OR LAST POSTION AND WORK BACKWARDS. IF YOU WERE EVER EMPLOYED IN ANY POSITION UNDER A DIFFERENT NAME, GIVE THE NAME USED. ACCOUNT FOR PERIODS OF UNEMPLOYMENT.

| EMPLOYER (CURRENT) | DATES |  |
|--------------------|-------|--|
|--------------------|-------|--|

|   |                          |                        |
|---|--------------------------|------------------------|
| May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Name & Address of present or last employer: _____ | From Mo: _____ Yr: _____ | To Mo: _____ Yr: _____ |
|---|--------------------------|------------------------|

|                                   |                      |
|-----------------------------------|----------------------|
| Name & Title of Supervisor: _____ | Position Held: _____ |
|-----------------------------------|----------------------|

|   |                             |                             |
|---|-----------------------------|-----------------------------|
| Phone Number (including area code): _____ | Salary/Wage Starting: _____ | Salary/Wage Starting: _____ |
|---|-----------------------------|-----------------------------|

|                           |                   |
|---------------------------|-------------------|
| Reason for Leaving: _____ | Job Duties: _____ |
|---------------------------|-------------------|

**ACCOUNT FOR PERIODS BETWEEN JOBS – Include dates (month/year) and reason:**

| EMPLOYER (SECOND TO LAST) | DATES |  |
|---------------------------|-------|--|
|---------------------------|-------|--|

|  |                          |                        |
|--|--------------------------|------------------------|
| Name & Address of last employer: _____ | From Mo: _____ Yr: _____ | To Mo: _____ Yr: _____ |
|--|--------------------------|------------------------|

|                                   |                      |
|-----------------------------------|----------------------|
| Name & Title of Supervisor: _____ | Position Held: _____ |
|-----------------------------------|----------------------|

|   |                             |                             |
|---|-----------------------------|-----------------------------|
| Phone Number (including area code): _____ | Salary/Wage Starting: _____ | Salary/Wage Starting: _____ |
|---|-----------------------------|-----------------------------|

|                           |                   |
|---------------------------|-------------------|
| Reason for Leaving: _____ | Job Duties: _____ |
|---------------------------|-------------------|

| EMPLOYER (THIRD TO LAST) | DATES |  |
|--------------------------|-------|--|
|--------------------------|-------|--|

|  |                          |                        |
|--|--------------------------|------------------------|
| Name & Address of last employer: _____ | From Mo: _____ Yr: _____ | To Mo: _____ Yr: _____ |
|--|--------------------------|------------------------|

|                                   |                      |
|-----------------------------------|----------------------|
| Name & Title of Supervisor: _____ | Position Held: _____ |
|-----------------------------------|----------------------|

|   |                             |                             |
|---|-----------------------------|-----------------------------|
| Phone Number (including area code): _____ | Salary/Wage Starting: _____ | Salary/Wage Starting: _____ |
|---|-----------------------------|-----------------------------|

|                           |                   |
|---------------------------|-------------------|
| Reason for Leaving: _____ | Job Duties: _____ |
|---------------------------|-------------------|

| EMPLOYER (FOURTH TO LAST) | DATES |  |
|---------------------------|-------|--|
|---------------------------|-------|--|

|  |                          |                        |
|--|--------------------------|------------------------|
| Name & Address of last employer: _____ | From Mo: _____ Yr: _____ | To Mo: _____ Yr: _____ |
|--|--------------------------|------------------------|

|                                   |                      |
|-----------------------------------|----------------------|
| Name & Title of Supervisor: _____ | Position Held: _____ |
|-----------------------------------|----------------------|

|   |                             |                             |
|---|-----------------------------|-----------------------------|
| Phone Number (including area code): _____ | Salary/Wage Starting: _____ | Salary/Wage Starting: _____ |
|---|-----------------------------|-----------------------------|

|                           |                   |
|---------------------------|-------------------|
| Reason for Leaving: _____ | Job Duties: _____ |
|---------------------------|-------------------|



# General Application For Employment

| EMPLOYER (FIFTH TO LAST)                        | DATES                       |                             |
|---|-----------------------------|-----------------------------|
| Name & Address of last employer: _____<br>_____ | From Mo: _____ Yr: _____    | To Mo: _____ Yr: _____      |
| Name & Title of Supervisor: _____               | Position Held: _____        |                             |
| Phone Number (including area code): _____       | Salary/Wage Starting: _____ | Salary/Wage Starting: _____ |
| Reason for Leaving: _____                       | Job Duties: _____           |                             |

  

| EMPLOYER (SIXTH TO LAST)                        | DATES                       |                             |
|---|-----------------------------|-----------------------------|
| Name & Address of last employer: _____<br>_____ | From Mo: _____ Yr: _____    | To Mo: _____ Yr: _____      |
| Name & Title of Supervisor: _____               | Position Held: _____        |                             |
| Phone Number (including area code): _____       | Salary/Wage Starting: _____ | Salary/Wage Starting: _____ |
| Reason for Leaving: _____                       | Job Duties: _____           |                             |

  

| EMPLOYER (SEVENTH TO LAST)                      | DATES                       |                             |
|---|-----------------------------|-----------------------------|
| Name & Address of last employer: _____<br>_____ | From Mo: _____ Yr: _____    | To Mo: _____ Yr: _____      |
| Name & Title of Supervisor: _____               | Position Held: _____        |                             |
| Phone Number (including area code): _____       | Salary/Wage Starting: _____ | Salary/Wage Starting: _____ |
| Reason for Leaving: _____                       | Job Duties: _____           |                             |

  

| EMPLOYER (EIGHTH TO LAST)                       | DATES                       |                             |
|---|-----------------------------|-----------------------------|
| Name & Address of last employer: _____<br>_____ | From Mo: _____ Yr: _____    | To Mo: _____ Yr: _____      |
| Name & Title of Supervisor: _____               | Position Held: _____        |                             |
| Phone Number (including area code): _____       | Salary/Wage Starting: _____ | Salary/Wage Starting: _____ |
| Reason for Leaving: _____                       | Job Duties: _____           |                             |

  

| EMPLOYER (NINTH TO LAST)                        | DATES                       |                             |
|---|-----------------------------|-----------------------------|
| Name & Address of last employer: _____<br>_____ | From Mo: _____ Yr: _____    | To Mo: _____ Yr: _____      |
| Name & Title of Supervisor: _____               | Position Held: _____        |                             |
| Phone Number (including area code): _____       | Salary/Wage Starting: _____ | Salary/Wage Starting: _____ |
| Reason for Leaving: _____                       | Job Duties: _____           |                             |



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3000 – 69<sup>th</sup> 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



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3000 – 69<sup>th</sup> 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



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## SUPPLEMENTAL DATA SHEET FOR “RELEASE OF INFORMATION”

**FORM MUST BE COMPLETED ENTIRELY TO PROCESS YOUR APPLICATION  
AND COMPLETE YOUR BACKGROUND CHECK**

### Applicant Information (Please Print Clearly)

|                               |                    |                          |                      |                    |  |
|-------------------------------|--------------------|--------------------------|----------------------|--------------------|--|
| Last Name: _____              |                    | First Name: _____        |                      | Middle Name: _____ |  |
| Alternate Name(s) Used: _____ |                    |                          |                      |                    |  |
| Drivers License #: _____      | Date Issued: _____ | Social Security #: _____ | Date of Birth: _____ |                    |  |

### List Addresses For The Last 7 Years

|                               |                       |               |
|-------------------------------|-----------------------|---------------|
| Address #1 (Current): _____   | City/State/Zip: _____ | County: _____ |
| Address #2 (Previous): _____  | City/State/Zip: _____ | County: _____ |
| Address #3 (If Needed): _____ | City/State/Zip: _____ | County: _____ |
| Address #4 (If Needed): _____ | City/State/Zip: _____ | County: _____ |

### Please Indicate Your Highest Level of Education and Diploma or Degree Obtained

|  |   |
|--|---|
| Name of School and Location ( <u>Including City and State</u> ) From Which You <u>LAST</u> attended: |   |
| _____ (School)   | _____ (City/State)                                      |
| Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No                                  |   |
| <input type="checkbox"/> - High School Graduate  | <input type="checkbox"/> - G.E.D. (where earned: _____) |
| <input type="checkbox"/> - College Graduate  | Specify Degree Obtained: _____                          |



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## 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: \_\_\_\_\_



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## 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: \_\_\_\_\_**