

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.				