



# SODEXO EMPLOYMENT APPLICATION

www.sodexoUSA.com

## 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 Sodexo?  Ad  Web  Agency  School  Employee  Other

Please specify source: \_\_\_\_\_

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

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

Do you have unrestricted authorization to work in the United States?  Yes  No  
 If no, what is your current visa status and when does your visa status expire?  
 Visa status: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No Record

Please review the attached state disclosure limitations before responding. All applicants may answer "No Record" if a conviction has been sealed, pardoned, expunged, annulled, statutorily eradicated or dismissed upon condition of probation. A conviction will not necessarily disqualify you from employment with Sodexo.

If yes, please provide date, place and nature of conviction(s):  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Foreign Languages: \_\_\_\_\_  Read  Write  Speak  
 \_\_\_\_\_  Read  Write  Speak

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.  
 \_\_\_\_\_  
 \_\_\_\_\_

# EMPLOYMENT EXPERIENCE

Please list your job history for the past six years or the last four employers (whichever 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, 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
			Last Position
Address	Full-Time	Part-Time	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
			Last Position
Address	Full-Time	Part-Time	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
			Last Position
Address	Full-Time	Part-Time	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
			Last Position
Address	Full-Time	Part-Time	Describe Major Duties:
Phone #	Starting Salary \$	Final Salary \$	
Reason for leaving:			
Name of Supervisor, Title, and Phone Number			Additional References and Phone Number(s):

May we contact your present employer to verify the above?

Yes, 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:

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## EDUCATIONAL HISTORY

Type of School	Name and Address Of School	Dates Attended From To Month/Year Month/Year		Graduated	Type of Degree, Diploma or Certificate	Major/Minor/Field of Study
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.

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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.)

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## PROFESSIONAL OR PERSONAL REFERENCES

Name	Years Known	Occupation	Complete Address	Telephone

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

If yes, may we contact that individual now?

Yes, 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.)

## CRIMINAL CONVICTION INQUIRY: STATE DISCLOSURE LIMITATIONS

### California Applicants

You may answer "No Record" with respect to any conviction for a marijuana offense if the conviction occurred more than two years prior to the date this application is completed. In addition, do not provide any information regarding a referral to and participation in any pre-trial or post-trial diversion program.

### Connecticut Applicants

You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased Connecticut General Statutes Sections 46b-146, 54-76o or 54-142a. Criminal records subject to erasure pursuant to Connecticut General Statutes Sections 46b-146, 54-76o or 54-142a are records related to (a) determinations of "delinquency" or that, as a child, you were a member of a family with service needs, (b) a ruling you are a "youthful offender", (c) a finding you are not guilty for a criminal charge, or (d) a conviction for which you have received an "absolute pardon". Any person whose criminal records have been erased pursuant to Connecticut General Statutes Sections 46b-146, 54-76o or 54-142a shall be deemed to never have been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

### Hawaii Applicants

Do not respond to this inquiry until you have been given a conditional offer of employment. If you are required to respond, please limit your responses to crimes for which you were convicted within the past 10 years, excluding periods of incarceration.

### Illinois Applicants

You are not required to reveal any expunged convictions, including expunged juvenile convictions.

### Massachusetts Applicants

If you have a sealed record on file with the commissioner of probation you may answer "No Record" with respect to any inquiry herein relative to prior arrests, criminal court appearances or convictions. You 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. In addition, you may answer "No Record" with respect to a first conviction for: (1) the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violation, affray or disturbances of the peace; or (2) any misdemeanor conviction where the date of conviction or any resulting incarceration occurred five or more years ago.

### Utah Applicants

You may answer "No Record" with respect to any conviction for a misdemeanor or summary offense.

### Washington Applicants

Answer "Yes" only if the conviction or release from imprisonment was within the last ten (10) years, or related to the functions of the position for which you are applying.

## EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Sodexo provides equal employment opportunity without regard to race, color, religion, sex, pregnancy, national origin, ancestry, citizenship, age, marital status, disability, veteran status, sexual orientation, gender identity, genetic information, or any other basis protected by law. If needed, reasonable accommodations for the hiring process will be made.

## ACKNOWLEDGEMENT AND RELEASE

### PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

The information that I have provided is accurate to the best of my knowledge and subject to validation by Sodexo. I understand and agree that any misrepresentation or omission of fact in my application, in any supplement thereto, during any interview, or in any other employment-related records supplied or completed by me, shall be grounds for rejection of my application for employment or, if employed, for termination of my employment with Sodexo, regardless of the amount of time elapsed before discovery.

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

I understand that business needs at times may make the following conditions mandatory: overtime, shift work, and rotating schedules. I understand and accept these conditions of employment. I understand that Sodexo may require a pre-employment investigation of my criminal conviction history, educational background, past employment, and activities that may relate in any way to my potential fitness for employment. I further understand that I may be required to take and pass a drug test as a condition of being hired at or transferred to a Sodexo location, I agree to complete all required authorization forms and provide all information necessary for Sodexo, or its agent, to conduct any required pre-employment investigation. If hired, I authorize Sodexo to conduct subsequent investigations during the course of my employment. In addition, I agree to comply with any background check requirements mandated by Sodexo's client at my work location, as agreed to by Sodexo.

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

**Maryland Applicants:** By signing below, you acknowledge receipt of the following notice:

**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.**

**Massachusetts Applicants:** By signing below, you acknowledge receipt of the following notice:

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.

I have read and understand the information provided above.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center -FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board, Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision, Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act 1921	Department of Agriculture, Office of Deputy Administrator-GIPSA Washington, DC 20250 202-720-7051



**WRITTEN DISCLOSURE AND AUTHORIZATION FOR BACKGROUND INVESTIGATION**

I understand that Sodexo will utilize the services of USA-FACT, Inc., 6200 Box Springs Blvd., Riverside, CA 95207 (800-547-0263), to obtain a consumer report/investigative consumer report as part of the procedure for processing my application for employment or other employment-related purposes, such as promotion, reassignment or retention. I understand that such report may include information and records relating to my: criminal conviction history (consistent with federal and state law), illegal drug use, civil court records, employment verification and references, education verification, social security number, professional license verification, past addresses, driving record, and personal references, and may include an HHS OIG or OFAC exclusion check.

I understand such information may be obtained by any means, including but not limited to personal interviews with persons who may have knowledge concerning my character, general reputation, personal characteristics or mode of living. I understand such information may also be obtained through direct or indirect contact with former employers, schools, and public agencies or other persons who may have such knowledge. I understand that credit header information may be accessed; however, my full credit report will not be accessed unless I provide Sodexo an additional, separate authorization. This access will not affect my F.I.C.O. score.

I understand that any background investigation will be down in accordance with the Fair Credit Reporting Act (“FCRA”) and any applicable state law and acknowledge receipt of a copy of the document entitled “A Summary of Your Rights Under the Fair Credit Reporting Act.” If the position to which I have applied is located in New York, I acknowledge that I have received a copy of New York Correction Law Article 23-A.

I also understand that before Sodexo takes any adverse employment action based, in whole or part, on information obtained in the consumer report/investigative consumer report, I will be provided a copy of the report and a description in writing of my rights under the FCRA.

I agree that if I am hired, Sodexo may rely on this authorization to obtain further information during the course of my employment through subsequent investigations by a consumer reporting agency, to the extent permitted by law.

I hereby consent to this investigation and authorize Sodexo to procure a consumer report and/or investigative consumer on my background as stated above from USA-FACT. I understand that if I refuse to provide any information requested on the following page(s), or provide false information, I will not be hired, or if employed, I may be terminated from employment.

\_\_\_\_\_  
(Signature of Applicant/Employee)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)

**For California, Minnesota and Oklahoma Applicants Only:**

\_\_\_\_\_ I wish to receive a copy of the consumer report/investigative consumer report.

**For California Applicants Only:** I understand I have the right to inspect visually the files concerning me maintained by an investigative consumer credit reporting agency during normal business hours and upon reasonable notice. The inspection can be done in person if I appear in person and furnish proper identification; I am entitled to a copy of the file for a fee not to exceed the actual costs of duplication. I am entitled to be accompanied by one person of my choosing, who shall furnish reasonable identification. The inspection can also be done via certified mail if I make a written request, with proper identification, for copies to be sent to a specified addressee. I can also request a summary of the information to be provided by telephone if I make a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or directly charged to me. I further understand that the investigative consumer credit reporting agency shall provide trained personnel to explain to me any of the information furnished to me; I shall receive from the investigative consumer reporting agency a written explanation of any coded information contained in files maintained on me. “Proper identification” as used in this paragraph means information generally deemed sufficient to identify a person, including documents such as a valid driver’s license, social security account number, military identification card and credit cards.

**YOU MUST PROVIDE THE REQUESTED INFORMATION ON THE ATTACHED PAGES**



**REQUIRED INFORMATION FOR CRIMINAL HISTORY CHECK AND/OR DRIVING RECORDS CHECK**  
*PLEASE PRINT LEGIBLY IN BLACK INK*

NAME OF EMPLOYEE/APPLICANT: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(MONTH) (DAY) (YEAR)

HAVE YOU BEEN KNOWN BY ANY OTHER NAMES? YES NO

IF YES, PLEASE LIST: \_\_\_\_\_

**1. CRIMINAL HISTORY CHECK**

If you listed any criminal conviction information on the application (consistent with the state disclosure limitations), please provide the same information here.

Date, place and nature of conviction(s): \_\_\_\_\_

CITY/STATE/ZIP	COUNTY (IF KNOWN)	YEARS LIVED THERE
(Please provide the requested information for all places you have lived from age 18 to present.)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**2. DRIVING RECORD CHECK: Manager to initial if check is to be performed: \_\_\_\_\_**  
*(only if driving is a requirement of the position)*

**If required, Applicant/Employee to complete the following:**

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

HAVE YOU EVER HELD A DRIVER'S LICENSE IN ANY OTHER STATE? \_\_\_\_\_ NO \_\_\_\_\_ YES

IF YES, WHAT STATE(S)?: \_\_\_\_\_

DATES HELD: \_\_\_\_\_



**REQUIRED INFORMATION FOR EDUCATION AND/OR PREVIOUS EMPLOYER VERIFICATION**  
*PLEASE PRINT LEGIBLY IN BLACK INK*

NAME OF EMPLOYEE/APPLICANT: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(MONTH) (DAY) (YEAR)

HAVE YOU BEEN KNOWN BY ANY OTHER NAMES? YES NO

IF YES, PLEASE LIST: \_\_\_\_\_

**1. EDUCATION VERIFICATION**

(Please provide all requested information for college/university and post-secondary institutions only.)

Name of Institution:	Location (city, state):	Dates of Attendance (month/year)	Graduate?	Type of Degree
_____	_____	_____ to _____	Yes No	_____
_____	_____	_____ to _____	Yes No	_____

Are you a Registered Dietitian? Yes No If yes, registration number: \_\_\_\_\_

In which states are you registered to practice dietetics: \_\_\_\_\_

**2. PREVIOUS EMPLOYMENT VERIFICATION**

Employer #1/: \_\_\_\_\_  
Current Employer

City/State: \_\_\_\_\_

Position Held: \_\_\_\_\_

Ending Salary: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

May we contact now to verify the above information? \_\_\_ Yes \_\_\_ No

If no, please indicate when we may contact: \_\_\_\_\_

(Please specify, e.g., after acceptance of offer or a specific date, if appropriate)

Employer #2: \_\_\_\_\_

City/State: \_\_\_\_\_

Position Held: \_\_\_\_\_

Ending Salary: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Employer #3: \_\_\_\_\_

City/State: \_\_\_\_\_

Position Held: \_\_\_\_\_

Ending Salary: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Employer #4: \_\_\_\_\_

City/State: \_\_\_\_\_

Position Held: \_\_\_\_\_

Ending Salary: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_



## **ATTENTION NEW YORK APPLICANTS / EMPLOYEES**

The following is a copy of the New York law relating to employment-related criminal background checks, which Sodexo is required to provide to you in accordance with New York General Business Law, Section 380-c, effective February 1, 2009.

### **NEW YORK CORRECTION LAW ARTICLE 23-A**

**§750. Definitions.** For the purposes of this article, the following terms shall have the following meanings:

- (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
- (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

**§751. Applicability.** The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

**§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.** No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

- (1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
- (2) The issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

**§753. Factors to be considered concerning a previous criminal conviction; presumption.** 1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

- (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
  - (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
  - (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
  - (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
  - (e) The age of the person at the time of occurrence of the criminal offense or offenses.
  - (f) The seriousness of the offense or offenses.
  - (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
  - (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.
2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

**§754. Written statement upon denial of license or employment.** At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

**§755. Enforcement.** 1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.



## Work Opportunity Tax Credit Instructions

This employer is participating in the Work Opportunity Tax Credit (WOTC) program. All information you provide will be kept confidential and will not affect your job, wages, or taxes in any way.

### Employee:

1. Please complete all applicable questions on the Work Opportunity Tax Credit Questionnaire.
2. Please complete the Form 8850, WOTC Youth Survey and Form W-4 for credit documentation purposes.
3. Please ensure that you have completed, signed and dated the bottom of the **Questionnaire, Form 8850, WOTC Youth Survey and Form W-4** including **Date of Birth**.

### Manager :

Please call toll-free 1 (800) 524-4414. Complete the section below as instructed by the Ernst & Young representative.

#### Employee Name \_\_\_\_\_

Circle A or B

**A**

**Your employer is potentially eligible for the tax credit. Please complete the following steps:**

- 1. Return all completed forms to Ernst & Young immediately.**
- 2. You will be instructed by the Ernst & Young phone representative if additional documentation is required.**

**B**

**Employer is not eligible for the tax credit. No further action is necessary.**

Your confirmation number is: \_\_\_\_\_ Please retain your confirmation number as you may be asked to provide this

If Box **A** is circled, **ALWAYS** send the completed WOTC Forms **immediately** to Ernst & Young.

Mail completed forms to Ernst & Young when directed by the Ernst & Young phone representative.

Ernst & Young  
Attn: WOTC Processing Center  
P.O. Box 226896  
Dallas, TX 75222

Phone # 1(800) 524-4414

# WORK OPPORTUNITY TAX CREDIT QUESTIONNAIRE

WORK LOCATION ID #	WORK LOCATION CITY/STATE	SOCIAL SECURITY NUMBER
NAME	DATE OF BIRTH (IF UNDER 40)	DRIVER'S LICENSE # / STATE
ADDRESS	CITY / STATE	ZIP CODE
<input type="checkbox"/> Check if you have worked for this company before.	JOB OFFER DATE	HIRE DATE

Government Assistance/Vocational Rehabilitation Check ALL that apply:	Yes	No	Not sure			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Have you <b>OR</b> any member of your household received Food Stamps in the last 2 years?		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Have you <b>OR</b> any member of your household received TANF, AFDC, Welfare or any other government assistance in the last 3 years?		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Are you currently in <b>OR</b> have you ever been in a Vocational Rehabilitation program?		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Are you a veteran of the United States Military? Branch of Service: _____ Enlistment Date: _____ Discharge Date: _____		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Are you entitled to compensation for a military service connected disability?		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Have you been unemployed in the last year?		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Have you received unemployment compensation in the last year?		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Have you attended a High School, Technical School or College for at least an average of 10 hours per week in the past 6 months?		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Were you employed for the entire past 6 months, but earning an amount less than if you had worked 30 hours per week at minimum wage?		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Have you received a High School diploma or a General Education Development (GED) certificate, awarded more than 6 months ago?		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. If yes to question 10, have you not held a job (other than occasionally) or been admitted to Technical School or College since receiving the certificate?		

**If any questions above (1-7) were answered "Yes" or "Not sure" complete section A:**

Section A	CITY & COUNTY WHERE BENEFITS WERE RECEIVED	STATE	APPROX DATE FIRST RECEIVED	APPROX DATE LAST RECEIVED	NAME/SSN OF PRIMARY RECIPIENT (IF NOT SELF)	
	AGENCY NAME			CASEWORKER'S OR COUNSELOR'S NAME (CIRCLE ONE)		
	AGENCY ADDRESS, CITY, STATE, ZIP CODE			AGENCY PHONE NUMBER		

SSI	Yes	No	Not sure			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Have you received Supplemental Security Income - SSI (not retirement or survivor benefits) at any time in the last 3 months? City and State where benefits were received: _____		

Conviction	Yes	No	Not sure			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you been convicted or released from prison for a felony in the last year <b>OR</b> are you in a work release program? <b>If the answer is "YES" or "Not sure" please complete section B:</b>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Section B	PAROLE OR PROBATION OFFICER'S NAME & ADDRESS (CIRCLE ONE)			PAROLE/PROBATION OFFICER'S PHONE NUMBER		
	CITY AND COUNTY OF CONVICTION / INCARCERATION		STATE	DATE CONVICTED	DATE RELEASED	

Native Americans	Yes	No				
	<input type="checkbox"/>	<input type="checkbox"/>	14. Are you an enrolled member of a Native American tribe? Tribe name: _____ City/State: _____			
	<input type="checkbox"/>	<input type="checkbox"/>	15. Is your spouse an enrolled member of a Native American tribe? Tribe name: _____ City/State: _____ Spouse's Full Name: (include maiden name if applicable) _____ Spouse's SSN: _____ Spouse's Date of Birth: _____			

**If "Yes," to questions 14 or 15, please include a copy of your or your spouse's tribal membership identification, CDIB or other documentation.**

Hurricane Kaitrina	Yes	No				
	<input type="checkbox"/>	<input type="checkbox"/>	16. On August 28, 2005 did you reside in Louisiana, Mississippi or Alabama? <b>If "YES", please list your address below where you lived at the time of the hurricane (LA, MS or AL ONLY)</b>			
	ADDRESS		CITY/STATE/ZIP		COUNTY/PARISH	

## PLEASE READ, SIGN AND DATE

I hereby authorize the Department of Social Services, Social Security Administration for Supplemental Security Income, Military Records, Vocational Rehabilitation, Veterans Administration, Tribal Governments or Department of Corrections to provide the verification or information requested by Ernst & Young or State Workforce Agencies (SWA) and release the information to those entities as requested. This information will be used for the sole purpose of determining my eligibility for Federal and State Tax Credits, including the Work Opportunity Tax Credit Program.

*Under penalties of perjury, I declare that this information is true and correct to the best of my knowledge.*

APPLICANT SIGNATURE	DATE
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Form **8850**  
 (Rev. August 2009)  
 Department of the Treasury  
 Internal Revenue Service

**Pre-Screening Notice and Certification Request for  
 the Work Opportunity Credit**

OMB No. 1545-1500

▶ 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 \_\_\_\_\_

County \_\_\_\_\_ Telephone number ( ) - \_\_\_\_\_

If you are under age 40, enter your date of birth (month, day, year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- 1  Check here if you are completing this form **before** August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.
  
- 2  Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
  
- 3  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 past 18 months.
  - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
  - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
  - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
    - a Received SNAP benefits (food stamps) for the past 6 months, **or**
    - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
  - During the past year, I was convicted of a felony or released from prison for a felony.
  - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
  - I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years **and**, for at least 4 weeks during the past year, I received unemployment compensation.
  - I am at least age 16 but **not** age 25 or older, **and**:
    - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, **and**
    - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, **and**
    - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate **or** I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.
  
- 4  Check here if you are a veteran entitled to compensation for a service-connected disability **and**, during the past year, you were:
  - Discharged or released from active duty in the U.S. Armed Forces, **or**
  - Unemployed for a period or periods totaling at least 6 months.
  
- 5  Check here if you are a member of a family that:
  - Received TANF payments for at least the past 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 during the past 2 years, **or**
  - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

**Signature—All Applicants Must Sign**

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 Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 22851L Form **8850** (Rev. 8-2009)

Please mail this form to Ernst & Young in the enclosed postage paid envelope.

# WOTC YOUTH SURVEY

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(if under age 25)

**Please check the statement that applies to you and sign the form where indicated below:**

I do not have a high school diploma or GED certificate. If I attended High School or a GED program in the last 6 months it was for no more than an average of 10 hours per week. (not counting periods during which school was closed for scheduled vacations)

I have a High School diploma or GED certificate awarded more than 6 months ago and I have not attended or been admitted to a technical or post secondary school. I also have not held a job (other than occasionally) since receiving my diploma or certificate.

Under penalties of perjury, I declare that this information is true and correct to the best of my knowledge. I authorize any organization, state or federal agency (including state unemployment insurance agency) to supply such verification or information as may be needed to determine tax credit eligibility to my employer, employer representative or the Department of Labor.

New Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If under the age of 18)

\* Please include a copy of your driver's license or State issued ID card with this form (if a copier is readily available).

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## Form W-4

The W-4 form below is used for documentation purposes for the Work Opportunity Tax Credit program only. Completing this W-4 will not affect your job, wages or taxes. Please complete only the high-lighted portions of the Form W-4. Thank you for your participation.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<b>Employee's Withholding Allowance Certificate</b> ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold;">2010</div>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here _____ ▶		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)
For Privacy Act and Paperwork Reduction Act Notice, see page 2.		
		Cat. No. 10220Q Form <b>W-4</b> (2010)
Date of Birth: _____ / ____ / ____		