



Application for Employment

As an EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER, ARAMARK does not discriminate against applicants or employees because of their age, race, color, religion, national origin, sex (except where sex is a bonafide occupational qualification) or on any other basis prohibited by law. Furthermore, ARAMARK will not discriminate against any applicant or employee because he or she is mentally or physically disabled, a disabled veteran, or a veteran of the Vietnam era, provided he or she is qualified and meets the requirements established by ARAMARK for the job.

PLEASE TYPE OR PRINT CLEARLY				DATE
NAME (Last)	(First)	(Middle)	SOCIAL SECURITY NUMBER	
CURRENT ADDRESS (Street)	(City)	(State)	(Zip Code)	PHONE NUMBER Area Code ()
RESIDENT ADDRESS (Street) (if different from above)	(City)	(State)	(Zip Code)	PHONE NUMBER Area Code ()
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, STATE YOUR DATE OF BIRTH _____				

TYPE OF POSITION DESIRED			
POSITION APPLIED FOR:			
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SUMMER <input type="checkbox"/> TEMPORARY <input type="checkbox"/> OTHER			SALARY EXPECTED
WILL YOU RELOCATE? TO WHAT AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO		WILL YOU TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE AVAILABLE TO WORK WITH ARAMARK
HAVE YOU EVER WORKED FOR ARAMARK? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND WHERE?		
HAVE YOU EVER APPLIED TO ARAMARK? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND WHERE?		
To comply with the Immigration Reform and Control Act of 1986, if you are hired you will be required to provide documents to establish your identity and your authorization to be employed in the United States. Such documents will be required within the first three (3) business days following your hire, or upon your first work day if your employment period will be less than three (3) days.			
HOW WERE YOU REFERRED TO ARAMARK?			
ARE YOU WILLING TO TAKE A PHYSICAL EXAM AT OUR EXPENSE IF THE NATURE OF THE JOB REQUIRES ONE? <input type="checkbox"/> YES <input type="checkbox"/> NO			

HAVE YOU EVER BEEN CONVICTED OF A CRIME (MISDEMEANOR OR FELONY)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, EXPLAIN:	(WHERE)	(WHEN)	(CHARGED)
(SENTENCE)			
(Disclosure of a criminal record will not necessarily disqualify you for employment. Each conviction will be evaluated on its own merits with respect to time, circumstances and seriousness, in relation to the job for which you are applying.)			

RECORD OF EDUCATION

Name and Address of School	Dates Attended		Graduated		Type of degree/ diploma received or expected	Major/Minor Fields of Study
	From	To	YES	NO		
	Mo./Yr	Mo./Yr.				
High School (Last Attended)						
Colleges/ Universities						
Graduate School						
Other (Business, Technical, Secretarial, etc.)						

LIST ANY CLUBS, ORGANIZATIONS, SOCIETIES, OR PROFESSIONAL GROUPS TO WHICH YOU BELONG WHICH HAVE A DIRECT BEARING UPON YOUR QUALIFICATIONS FOR THE JOB WHICH YOU ARE SEEKING. (INDICATE AMERICAN DIETETIC ASSOCIATION REGISTRATION NUMBER IF APPLICABLE TO THE POSITION FOR WHICH YOU ARE APPLYING.)

LIST ANY HOBBIES OR INTERESTS WHICH HAVE A DIRECT BEARING ON THE JOB FOR WHICH YOU ARE APPLYING.

LIST ANY SPECIAL SKILLS OR ABILITIES WHICH DIRECTLY RELATE TO THE JOB FOR WHICH YOU ARE APPLYING.

DO YOU POSSESS A VALID CURRENT DRIVER'S LICENSE (ONLY FOR JOBS REQUIRING DRIVING A VEHICLE)? YES NO

DRIVER'S LICENSE NUMBER AND STATE _____

MILITARY SERVICE RECORD

HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES OF THE UNITED STATES? YES NO

IF YES, LIST ANY SPECIAL SKILLS OR ABILITIES YOU DEVELOPED WHILE IN MILITARY SERVICE WHICH DIRECTLY RELATE TO THE JOB FOR WHICH YOU ARE APPLYING.

EXPERIENCE
(Most Recent Experience First)

1. NAME AND ADDRESS OF EMPLOYER	STARTING POSITION	ENDING POSITION												
<hr/> <hr/> <hr/> FROM MO____ YR____ TO MO____ YR____ PHONE NUMBER Area Code ()	<table border="1"> <tr> <td colspan="2" data-bbox="591 281 1066 317">SALARY</td> <td data-bbox="1066 281 1521 317" rowspan="4">NAME AND TITLE OF SUPERVISOR</td> </tr> <tr> <td data-bbox="591 317 829 352">Starting</td> <td data-bbox="829 317 1066 352">Ending</td> </tr> <tr> <td data-bbox="591 352 829 388">\$</td> <td data-bbox="829 352 1066 388">\$</td> </tr> <tr> <td colspan="2" data-bbox="591 388 1066 424">REASON FOR LEAVING</td> </tr> <tr> <td colspan="2" data-bbox="591 424 1066 527"> </td> <td data-bbox="1066 424 1521 527"> </td> </tr> </table>	SALARY		NAME AND TITLE OF SUPERVISOR	Starting	Ending	\$	\$	REASON FOR LEAVING					
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MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? YES NO

IF NO, INDICATE BY NUMBER WHICH ONE(S) YOU DO NOT WISH US TO CONTACT _____

USE THIS SPACE TO DESCRIBE ANY PREVIOUS WORK HISTORY AND/OR TO DETAIL PARTICULAR JOB RESPONSIBILITIES LISTED ABOVE. INCLUDE ANY ADDITIONAL INFORMATION WHICH YOU FEEL MAY BE RELEVANT TO THE JOB FOR WHICH YOU ARE APPLYING.

This application shall only remain active for 60 days. After 60 days, if you are still interested in employment at ARAMARK, you must fill out a new application.

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation or omission of facts in my application may be justification for refusal to hire, or termination of employment.

I further understand that an investigative report may be made as to my character and general reputation. I authorize all past employers, schools, persons and organizations having relevant information or knowledge to provide it to ARAMARK or its duly authorized representative for its use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release employers, schools, persons and organizations from all liability in responding to inquiries in connection with my application. Upon written request by me, within a reasonable period of time, ARAMARK will make available to me the nature and scope of all reports of every type obtained.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between ARAMARK Corporation, its subsidiaries and affiliates, and me for either employment or for the providing of any benefit. If an employment relationship is established, I understand that my employment can be terminated, with or without cause, at the option of either ARAMARK or myself.

In signing this form, I certify that I understand all the questions and statements in this application.

Further, if granted a position with ARAMARK Corporation or any of its subsidiaries, I will comply with ARAMARK's Business Conduct Policy, a summary of which is printed below.



BUSINESS CONDUCT POLICY

THIS POLICY APPLIES WORLDWIDE

Compliance with Laws

It is ARAMARK's policy to comply with the laws in each country in which ARAMARK conducts business.

Employment/Equal Opportunity

ARAMARK's policy is to hire, promote, discipline and make all other personnel decisions without regard to race, color, religion, national origin, age, sex, disability, disabled veteran or Vietnam-era veteran status except where bona fide affirmative action programs allow for such considerations.

Sexual Harassment

Sexual harassment in any form will not be tolerated in the workplace. Any employee who feels that he or she has been subjected to sexual harassment is required to report the incident immediately.

Illegal Substances

It is ARAMARK's policy to maintain an environment free of drug and alcohol abuse.

Environmental

ARAMARK's policy is to comply with environmental laws in all countries in which ARAMARK conducts business.

Collusion

It is fundamental that ARAMARK independently determine the pricing, commissions and other contractual terms offered to clients or prospective clients.

Copyright Infringement

It is ARAMARK's policy to respect copyrights owned by others.

Political Contributions

Any political contribution or expenditure by a component is against ARAMARK policy. Also, any reimbursement of an employee for any such contribution or expenditure is against ARAMARK policy.

Gifts and Entertainment

It is ARAMARK's policy not to make any gift (other than a nominal holiday remembrance), or provide entertainment (except routine lunches or dinners during the conduct of regular business), to any government or union employee (except as provided in the Business Conduct Policy). Gifts given to non-government or non-union employees are restricted to a value of up to \$200 (U.S.) per year; where entertainment is involved, lavish expenditures are to be avoided.

Gifts from any supplier or client to an ARAMARK employee may not total more than \$200 (U.S.) per year

Accurate Books and Reporting

All transactions must be accurately recorded. No unrecorded fund, asset, or other improper account of ARAMARK shall be established or maintained for any reason.

Conflicts of Interest/Related Party Transactions

It is essential that all ARAMARK employees avoid any situation or interest which might interfere with his/her judgment concerning responsibilities to ARAMARK.

Outside Employment

An ARAMARK employee's outside employment should not conflict with his/her responsibilities to ARAMARK.

Finder's Fee

Payment of finder's fees is prohibited without the written approval of the General Counsel's Office.

Disclosure

If you are aware of possible violations of the BUSINESS CONDUCT POLICY, you must report them to the BUSINESS CONDUCT POLICY SECRETARY c/o the Office of General Counsel, at Corporate Headquarters in writing or by telephoning 1-800-999-8989 extension 3246, or 215-238-3246, or to others listed in the policy booklet.

(MIDDLE INITIAL)

(FIRST)

SIGNATURE OF APPLICANT

DATE

FOR PERSONNEL USE ONLY

DATE APPLICATION RECEIVED

REFERRAL SOURCE

INTERVIEWED BY

DEPARTMENT

REFERENCE CHECK COMPLETED (DATE, AND BY WHOM)

DISPOSITION AND REASON

APPLICANT'S NAME
(LAST)

SELF-IDENTIFICATION FORM FOR APPLICANT FLOW DATA

It is the policy of ARAMARK Corporation to provide equal employment opportunity to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or disabled or Vietnam-Era veterans status.

VARIOUS AGENCIES OF THE UNITED STATES GOVERNMENT REQUIRE EMPLOYERS TO COLLECT INFORMATION ON APPLICANTS. INFORMATION REQUESTED ON THIS SHEET IS FOR PURPOSES OF COMPLIANCE WITH THESE RECORDKEEPING REQUIREMENTS AND TO DETERMINE RECRUITING AND EMPLOYMENT PATTERNS. If you wish to be identified, please provide any of the information requested on this form that you would like to submit. You may submit this information now or at any time in the future. Such information will in no way affect the decision regarding your application for employment. This sheet will be kept confidential and maintained separately from your application form.

Completion of this sheet is voluntary and is not a requirement for employment.

NAME: _____ DATE: _____

POSITION APPLIED FOR: _____

RACE:	SEX:
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Female
<input type="checkbox"/> Asian	<input type="checkbox"/> Male
<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> White	
<input type="checkbox"/> Hispanic or Latino (White race only)	
<input type="checkbox"/> Hispanic or Latino (all races)	

Please return this form with your completed Employment Application to the Human Resources Representative or other contact person at the facility where you submitted your employment application. Thank you.



**POST-OFFER, PRE-EMPLOYMENT
SELF-IDENTIFICATION
FORM**

*[under revised section 503, Rehabilitation Act of 1973 and
Vietnam-Era Veterans readjustment Act of 1974 (VEVRAA)
and the Americans with Disabilities Act (ADA)]*

It is the policy of ARAMARK Corporation to provide equal employment opportunity to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, or Vietnam-Era Veteran or Special Disabled Veteran status.

VARIOUS AGENCIES OF THE UNITED STATES GOVERNMENT REQUIRE EMPLOYERS TO COLLECT INFORMATION ON APPLICANTS OFFERED EMPLOYMENT. INFORMATION REQUESTED ON THIS SHEET IS FOR PURPOSES OF COMPLIANCE WITH THESE RECORDKEEPING REQUIREMENTS AND TO DETERMINE RECRUITING AND EMPLOYMENT PATTERNS.

Regulations issued by the U.S. Department of Labor with respect to disabled individuals, Vietnam-Era Veterans, and Special Disabled Veterans require that federal contractors provide a self-identification opportunity to applicants offered employment. Such self-identification and any information provided by the new employee is submitted (a) on a voluntary basis, (b) on a confidential basis, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of individuals with disabilities and Special Disabled Veterans, and regarding necessary accommodation, (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (iii) Government officials engaged in enforcing the Rehabilitation Act, VEVRAA, or the Americans with Disabilities Act, may be informed, (c) for use only in accordance with regulations, and (d) without subjecting the individual to adverse treatment. In addition, choosing not to provide it will not subject you to any adverse treatment. If you wish to be identified, please provide any of the information requested on this form that you would like to submit. You may submit this information now or at any time in the future. Such information will in no way affect your employment. This sheet will be kept confidential and maintained separately from your personnel file.

Completion of this sheet is voluntary and is not a requirement for employment.

NAME: _____ DATE: _____

POSITION HIRED FOR: _____

<p>VIETNAM-ERA VETERAN:</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>[(A) Served on active duty for more than 180 days and was discharged or released with other than a dishonorable discharge, or (B) was discharged or released from active duty for a service-connected disability, if any part of such active duty was performed: (i) in the Republic of Vietnam between 2/28/61 and 5/7/75, or (ii) in all other areas between 8/5/64 and 5/7/75.]</p>	<p>SPECIAL DISABLED VETERAN:</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>[(A) Entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by Veteran's Administration for disability (1) rated at 30% or more, or (2) rated at 10% or 20% as determined under section 1506 of Title 38, U.S.C., to have a serious employment disability, or (B) discharged/released from active duty for a disability incurred or aggravated in the line of duty)]</p>
<p>DISABLED:</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>[Any person who has a physical or mental impairment which substantially limits a major life activity, has had a history of such impairment, or is regarded as having such an impairment.]</p>	<p>OTHER ELIGIBLE VETERANS:</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>[Veterans who have served on active duty during a war, or in a campaign or expedition for which a campaign badge has been authorized.]</p>

Please return this form to your Human Resources Representative prior to your first day of employment. Thank you.