

SODEXO EMPLOYMENT APPLICATION

www.sodexoUSA.com

APPLICATION FOR EMPLOYMENT					
Name					
Last			First		Middle
Present Address					
City	State	Zip		Telephone #	
E-Mail Address			Alternative	e Telephone #	

EMPLOYMENT INTEREST

Date Po	sition Applied for	Earliest Date Available
Salary Desired	Location Desired	
Type of Employment Des	ired 🗌 Management 🗌 N 🗌 Full-Time 🗌 F	Ion-Management Part-Time
How were you referred to	Sodexo? Ad Web	Agency School Employee Other
Please specify source:		
		y Sodexho Inc., Sodexho Marriott Services, Marriott Management Sr □ No If yes, when and where?
If previously employed, p	lease answer the following:	
If applying for a managen	nent position, are you willing to	relocate? Yes No
If yes, please specify v	vhere:	

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	n does your visa status expire?			
Visa status:	Expiration Date:			
Have you ever been convicted of a crime?	s 🔲 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	f conviction(s):			
Are there any restrictions on the hours or days you If yes, please explain:				
Foreign Languages:	🖸 Read 📋 Write 🗌 Speak			
	Read Write Speak			
Please include any other information you think w additional work experience, activities, accomplish	ould be helpful to us in considering you for employment, such as nments, 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:		L ·	
Name of			Additional
Supervisor, Title, and Phone Number			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	
	\$	\$	
	Ť	•	
Reason for leaving:			
9			
Name of			Additional
Supervisor, Title,			References and
and Phone Number			Phone Number(s):

Company Name	Date Started	Date Left	Starting Position	
Address	Full-Time	Part-Time	Last Position	
	Tun-Time	T art-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
Have you ever been dismissed or forced to resign from employment? Yes No
If yes, please explain:

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			☐ Yes ☐ No			
College Or University			☐ Yes ☐ No			
Other Education or Training			☐ Yes ☐ 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.						
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.)						

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					

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, 54-760 or 54-142a. Criminal records subject to erasure pursuant to Connecticut General Statutes Sections 46b-146, 54-760 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, 54-760 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 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 <u>www.ftc.gov/credit</u> 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 <u>www.ftc.gov/credit</u> 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:
 - o a person has taken adverse action against you because of information in your credit report;
 - o 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;
 - o 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 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 <u>www.ftc.gov/credit</u> 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.
- 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.

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"	Office of the Comptroller of the Currency
or initials "N.A." appear in or after bank's name)	Compliance Management, Mail Stop 6-6
	Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal	Federal Reserve Board, Division of Consumer & Community Affairs
branches/agencies of foreign banks)	Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal"	Office of Thrift Supervision, Consumer Complaints
or initials "F.S.B." appear in federal institution's name)	Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in	National Credit Union Administration
institution's name)	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	Department of Transportation, Office of Financial Management
Aeronautics Board or Interstate Commerce Commission	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 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. <u>CRIMINAL HISTORY CHECK</u>			
If you listed any criminal conviction information on the applica same information here.	tion (consistent with the sta	ate disclosure limita	ations), please provide the
Date, place and nature of conviction(s):			
CITY/STATE/ZIP (Please provide the requested information for all places you have	COUNTY (IF KNOWN) ve lived from age 18 to prese	ent.)	YEARS LIVED THERE
2. <u>DRIVING RECORD CHECK:</u> Manager to initial if c (only if driving is a requirement of the position)	heck is to be performed: _		
If required, Applicant/Employee to complete the following:	:		
DRIVER'S LICENSE NUMBER:	STATE: E	XPIRATION 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 O	F EMPLOYEE/APPLICAN	T:	(MIDDLE)		\ST)					
GOGIAI										
SUCIAL	SECURITY #		_ DATE OF BIRTH:							
HAVE Y	OU BEEN KNOWN BY ANY	Y OTHER NAMES? YES NO								
IF YES,	PLEASE LIST:									
1.	EDUCATION VERIFICAT									
		sted information for college/universi		-	1					
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, registra	tion number:							
	In which states are you r	registered to practice dietetics:								
2.	DREVIOUS EMDION	YMENT VERIFICATION								
			F 1 "0							
	er #1/: Employer		Employer #2:							
City/Sta	te:		City/State:							
Position	Held:		Position Held:							
Ending S	Salary:		Ending Salary:							
Supervis	sor's Name:		Supervisor's Name:							
Phone N	umber: ()		Phone Number: ()							
Dates Er	mployed:	to	Dates Employed:to							
May we	contact now to verify the a	above information? Yes N	No							
		en we may contact: • acceptance of offer or a specific dat	to if appropriate)							
	(riease specify, e.g., after	acceptance of oner of a specific dat	te, îl appropriate)							
Employe	er #3:		Employer #4:							
			City/State:							
	Held:		Position Held:							
	Salary:		Ending Salary:							
	sor's Name:		Supervisor's Name:							
	umber: ()		Phone Number: ()							
	mployed:		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 §753. Factors to be considered concerning a previous criminal terms shall have the following meanings: conviction; presumption. 1. In making a determination pursuant (1) "Public agency" means the state or any local subdivision to section seven hundred fifty-two of this chapter, the public agency thereof, or any state or local department, agency, board or or private employer shall consider the following factors: commission (a) The public policy of this state, as expressed in this act, to (2) "Private employer" means any person, company, corporation, encourage the licensure and employment of persons previously labor organization or association which employs ten or more convicted of one or more criminal offenses. (b) The specific duties and responsibilities necessarily related to the persons. (3) "Direct relationship" means that the nature of criminal conduct license or employment sought or held by the person. for which the person was convicted has a direct bearing on his (c) The bearing, if any, the criminal offense or offenses for which fitness or ability to perform one or more of the duties or the person was previously convicted will have on his fitness or responsibilities necessarily related to the license, opportunity, or job ability to perform one or more such duties or responsibilities. in auestion. (d) The time which has elapsed since the occurrence of the criminal (4) "License" means any certificate, license, permit or grant of offense or offenses. permission required by the laws of this state, its political (e) The age of the person at the time of occurrence of the criminal subdivisions or instrumentalities as a condition for the lawful offense or offenses. practice of any occupation, employment, trade, vocation, business, (f) The seriousness of the offense or offenses. or profession. Provided, however, that "license" shall not, for the (g) Any information produced by the person, or produced on his purposes of this article, include any license or permit to own, behalf, in regard to his rehabilitation and good conduct. possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific or other firearm. (5) "Employment" means any occupation, vocation or employment, individuals or the general public. or any form of vocational or educational training. Provided, 2. In making a determination pursuant to section seven hundred however, that "employment" shall not, for the purposes of this fifty-two of this chapter, the public agency or private employer shall article, include membership in any law enforcement agency. also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate §751. Applicability. The provisions of this article shall apply to any shall create a presumption of rehabilitation in regard to the offense application by any person for a license or employment at any public or offenses specified therein. or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and §754. Written statement upon denial of license or employment. to any license or employment held by any person whose conviction At the request of any person previously convicted of one or more of one or more criminal offenses in this state or in any other criminal offenses who has been denied a license or employment, a jurisdiction preceded such employment or granting of a license, public agency or private employer shall provide, within thirty days of except where a mandatory forfeiture, disability or bar to a request, a written statement setting forth the reasons for such employment is imposed by law, and has not been removed by an denial. executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any §755. Enforcement. 1. In relation to actions by public agencies, the right an employer may have with respect to an intentional provisions of this article shall be enforceable by a proceeding misrepresentation in connection with an application for employment brought pursuant to article seventy-eight of the civil practice law and made by a prospective employee or previously made by a current rules. emplovee. 2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant §752. Unfair discrimination against persons previously to the powers and procedures set forth in article fifteen of the convicted of one or more criminal offenses prohibited. No executive law, and, concurrently, by the New York city commission application for any license or employment, and no employment or on human rights. 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.

Form 8850
(Rev. June 2007)
Department of the Treasury Internal Revenue Service

Form (Rev. June 20		Pre-Screening Notice and Certification Request for the Work Opportunity Credit	OMB No. 1545-1500
Department of t Internal Revenue		See separate instructions.	
J	ob appl	icant: Fill in the lines below and check any boxes that apply. Complete only	this side.
Your name)	Social security number ►	
Street add	ress whe	re you live	
City or tow	/n, state,	and ZIP code	
Telephone	number	(
If you are i	under age	e 40, enter your date of birth (month, day, year) / /	
K		e if you are completing this form before August 28, 2007, and you lived in the area impa August 28, 2005. If so, please enter the address, including county or parish and state whe	
		e if you received a conditional certification from the state workforce agency (SWA) or a partici k opportunity credit.	pating local agency
	l am a i	e if any of the following statements apply to you. member of a family that has received assistance from Temporary Assistance for Needy Fan hs during the past 18 months.	nilies (TANF) for any
•		veteran and a member of a family that received food stamps for at least a 3-month period	l during the past 15
•		ferred here by a rehabilitation agency approved by the state, an employment network unde n, or the Department of Veterans Affairs.	r the Ticket to Work
•		least age 18 but not age 40 or older and I am a member of a family that:	
		eived food stamps for the past 6 months, or eived food stamps for at least 3 of the past 5 months, but is no longer eligible to receive	them
•		the past year, I was convicted of a felony or released from prison for a felony.	uleni.
•		ed supplemental security income (SSI) benefits for any month ending during the past 60 d	lays.
	heck her ou were:	e if you are a veteran entitled to compensation for a service-connected disability and, dur	ing the past year,
•		ged or released from active duty in the U.S. Armed Forces, or loyed for a period or periods totaling at least 6 months.	
		e if you are a member of a family that:	
•		ed TANF payments for at least the past 18 months, or ed TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-mo	nth period beginning
		igust 5, 1997, ended during the past 2 years, or	
•	Stoppe	d being eligible for TANF payments during the past 2 years because federal or state law lipose payments could be made.	mited the maximum

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 ►

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 22851L

/ / Date

Form 8850 (Rev. 6-07)

Form 8850 (Rev. 6-07)									Page 2
		F	or Emplo	yer's Use	e Only				
Employer's name				Telephone	no. ()	-	_ EIN ►		
Street address _									
City or town, state	e, and ZIP code								
Person to contact	t, if different from	above				_ Telepho	one no. () –	
Street address _									
City or town, state	e, and ZIP code								
If, based on the in of Targeted Group									
Date applicant:	Gave information	/ /	Was offered job	/ /		_ / _/		ed/_	/
Complete Only	If Box 1 on Pa	age 1 is Check	ed						
State and county or parish of job					on August 2	28, 2005, ar ee has bee	vas not your er id this is the f n hired by yo	irst time	

Under penalties of perjury, I declare that the applicant completed this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature >	Title	Date / /

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include aiving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103. The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeep	ing				.5	hrs	., 30	min.
Learning ab	out	th	e la	w				
or the form							. 24	min.
	-					-		

Pr	epai	ring	and	se	ndi	ng	this	fo	orr	n	
to	the	SW	Α.							30	min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224.

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.