



NOTICE TO APPLICANTS FOR EMPLOYMENT
AT SYSCO FOOD SERVICES OF IDAHO

SYSCO Food Services of Idaho is an “at will” employer, which means that either the employer or the employee may terminate the employment relationship at any time for any or no reason, with or without notice.

I understand that I will be permitted to submit an application for one position only per application as designated by me on each application form. I further understand that inclusion of more than one position on the application form will disqualify my application from further processing.

The application process consists of completing the following:

1. Application Form
2. Affirmative Action **Voluntary** Information Statement
3. Drug & Alcohol Screen Form
4. Supplemental Driver Application Form (**For Driver Position Applicants Only**)
5. Policy/Acknowledgement Regarding Post-Offer, Pre-Placement Testing
6. Operations, Transportation, or Sales Questionnaire

This company will make reasonable accommodation in the application process, if needed.

I understand that this application and any attachments are the property of SYSCO Food Services of Idaho. I further understand that it is my responsibility to complete the application process and send the forms to SYSCO Food Services of Idaho’s office, as well as complete the applicable Questionnaire for the position I am applying for.

I have read and understand this notice of the application process at SYSCO Food Services of Idaho.

Signature _____ Date _____



**SYSCO FOOD SERVICES OF IDAHO
EMPLOYMENT APPLICATION**
Post Office Box 170007
Boise, Idaho 83717
Equal Opportunity/Affirmative Action Employer



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

Date of application _____ Position applying for _____

Last Name First Middle Telephone Number

Street Address City State Zip Code

General Data:

Are you eligible for work in the U.S.? Yes ___ No ___ Are you 18 years of age or older? Yes ___ No ___

Have you reviewed the job description for the position to which you are applying? Yes ___ No ___
If so, can you perform the essential job functions with or without reasonable accommodation? Yes ___ No ___

Date available for work: _____ Salary requirements: _____

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

Available for Full-Time ___ or Part-Time ___ If Part-Time, specify hours and days: _____

Have you ever been employed by any SYSCO Co.? Yes ___ No ___ If so, where and when _____

How/Where did you learn of this vacancy at SYSCO?: _____

Have you ever been convicted, entered a plea of nolo contendere or received a withheld judgment for any criminal offense?
(A conviction will not necessary disqualify an applicant)?
Yes ___ No ___ If yes, explain: _____

Summarize special job-related skills, qualities, or other experience acquired that may qualify you for this position:

Education:

School name & City, State	Course of Study	Years/Credits Completed	G.P.A.	Diploma/Degree

Do you have business or professional certificates or licenses? Yes ___ No ___ If yes, type _____
State issued _____ Certificate No. _____ Year Issued _____ Expiration Date _____

SYSKO FOOD SERVICES OF IDAHO EMPLOYMENT APPLICATION



Employment:

Start with your present or most recent position and work back to cover the last ten (10) years. List and account for any periods of unemployment longer than six months. If you were employed in any position under a different name, include that name. You must complete this information even if resume is attached. If you need additional space, please attach the Additional Employment Information Sheet.

May we contact your present employer? Yes ___ No ___

Company Name: _____ Dates Employed, from _____ to _____

Address: _____ Telephone No. _____

Type of Business: _____ Job Title: _____ Supervisor: _____

Salary Start: _____ End: _____ Reason for Leaving: _____

Duties: _____

Company Name: _____ Dates Employed, from _____ to _____

Address: _____ Telephone No. _____

Type of Business: _____ Job Title: _____ Supervisor: _____

Salary Start: _____ End: _____ Reason for Leaving: _____

Duties: _____

Company Name: _____ Dates Employed, from _____ to _____

Address: _____ Telephone No. _____

Type of Business: _____ Job Title: _____ Supervisor: _____

Salary Start: _____ End: _____ Reason for Leaving: _____

Duties: _____

Company Name: _____ Dates Employed, from _____ to _____

Address: _____ Telephone No. _____

Type of Business: _____ Job Title: _____ Supervisor: _____

Salary Start: _____ End: _____ Reason for Leaving: _____

Duties: _____

ADDITIONAL EMPLOYMENT INFO SHEET

**(Over and above what is listed on the application
and only if needed)**

Company Name: _____ Dates employed From: _____ To: _____

Address: _____ Phone #: _____

Type of business: _____ Job title: _____

Supervisor: _____ Salary start: _____ End salary: _____

Reason for Leaving: _____

Duties: _____

Company Name: _____ Dates employed From: _____ To: _____

Address: _____ Phone #: _____

Type of business: _____ Job title: _____

Supervisor: _____ Salary start: _____ End salary: _____

Reason for Leaving: _____

Duties: _____

Company Name: _____ Dates employed From: _____ To: _____

Address: _____ Phone #: _____

Type of business: _____ Job title: _____

Supervisor: _____ Salary start: _____ End salary: _____

Reason for Leaving: _____

Duties: _____

SYSKO FOOD SERVICES OF IDAHO EMPLOYMENT APPLICATION



PLEASE READ AND SIGN BELOW FOR ACKNOWLEDGMENT:

1. I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief and have been made in good faith.
2. I hereby grant the Company permission to verify the information provided herein. I further understand that any false statement or omission on this application may result in rejection of this application, or for dismissal if such false statement or omission is discovered at any time after I have been hired.
3. This Employment Application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, general reputation, character, personal characteristics, and habits, and that such information may be developed through personal interviews with third parties such as family members, neighbors, friends, associates, former employers, and custodians of official records. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.
4. I understand that any job offer that may be extended to me will be contingent upon the successful completion of a drug and alcohol test, and, for positions in Sales, Operations or Management, a physical fitness for duty test.
5. I understand that neither this application nor any written personnel procedure manual or employee handbook is an express or implied contract of permanent employment. I further understand that my relationship with the Company is "at-will," for an unspecified term, and that the Company and I each have the right to terminate the employment relationship at any time, with or without cause or advance notice.
6. I understand that no representative of the Company, other than the President, has the authority to enter into any agreement for employment for any specified period of time, or assure or make some other personnel agreement, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or make any agreement contrary to foregoing. I further understand that any such agreement must be in writing and signed by the Company President.
7. It is the policy of the Company to implement affirmatively equal opportunity to all qualified employees and applicants for employment without regard to race, color, religion, age, current or future veteran status, national origin, disability, gender, or ethnic group and appropriate action will be taken to ensure the fulfillment of this policy.
8. I understand that any offer of employment is dependent upon my ability to present verification of my legal right to work in the United States.
9. I certify that I am not listed as debarred, suspended, or otherwise ineligible for Federal programs as set forth in the list of Parties Excluded from Federal Procurement Programs publication.

"I have had an opportunity to have my questions about this statement's content and intent answered and understand its terms."

Signature of Applicant

Date

SYSKO FOOD SERVICES OF IDAHO
AFFIRMATIVE ACTION VOLUNTARY INFORMATION

Federal regulations require the Company to provide you an opportunity to self identify for affirmative action. **Providing this information is entirely optional and voluntary**; disclosure or refusal to complete this form will not subject you to any adverse treatment. You may self identify or request to benefit under the Company's Affirmative Action Program now or at any time in the future. The information will be kept confidential, separate from hiring decisions and personnel records, and will be used only in accordance with the above regulations.

PLEASE CHECK EACH BOX THAT APPLIES TO YOU:

Gender:

Female Male

Race/Ethnic Group:

- Black or African American (Not of Hispanic or Latino origin) – All persons having origins in any of the black racial groups of Africa.
- Asian (Not of Hispanic or Latino origin)– All persons having origins in any of the original peoples of the Far East, Southeast Asia, or Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander (Not of Hispanic or Latino origin) – All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaskan Native (Not of Hispanic or Latino origin) – All persons having origins in any of the original peoples of North and South America (including Central America), and who maintain cultural identification through tribal affiliation or community attachment.
- Hispanic or Latino – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- White (Not of Hispanic or Latino origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Two or More Races (Not of Hispanic or Latino origin) – All persons who identify with more than one of the above five races.

PLEASE CHECK THE BOX BELOW IF IT APPLIES TO YOU:

Vietnam Era Veteran

An eligible veteran (at least 180 days active duty), any part of whose active military service was in Vietnam between 02/28/61 and 05/07/75 or elsewhere between 08/05/64 and 05/07/74.

Other Eligible Veteran

Other Eligible Veteran – Active duty (at least 180 days) service member receiving campaign or expeditionary badge.

Please sign below to acknowledge that you had an opportunity to self identify.

Applicant's Printed Name

Applicant's Signature

Date

Referral Source: _____ (job service, advertisement, employee name, etc.)

This company's affirmative action programs may be reviewed by any employee or applicant in the Human Resources Department, Monday through Friday, from 9:00a.m. until 4:00p.m.

**SYSCO FOOD SERVICES OF IDAHO
DRUG & ALCOHOL SCREEN FORM**

I voluntarily agree to a urine, breath and/or blood test for drug and alcohol testing. I agree to provide urine, breath and/or blood specimens and authorize SYSCO Food Services of Idaho (“the Company”) to use such specimens for the purpose of complying with the provisions of its Drug and Alcohol Policy. I further authorize those persons or firms taking such sample specimens to release the results of any drug or alcohol test to the Company.

I agree that such results may be used in the refusal to hire me or as the basis for disciplinary action up to and including termination. I understand that the Company will maintain the confidentiality of the test results.

Our policy prohibits the use of any legally obtained drug (prescriptions or over-the-counter medications) when such use adversely affects job performance or safety, or any combination thereof. Applicants who are taking prescription drugs or over-the-counter drugs that may affect their performance should discuss their situation with the HR Department and obtain permission before beginning work. Applicants shall not disclose their underlying diagnosis or the name of the medication they are taking; however, they may be required to provide properly written medical authorization from a physician to work while using such authorized medications. The Company’s designated Medical Review Officer is solely authorized to determine the result of drug & alcohol tests.

This consent will remain in effect for the entire term of my employment with the Company.

I also understand that if I refuse the testing, which is my right, any employment consideration will be terminated immediately.

I hold harmless the Company, its officers and its employees for any authorized implementation of this policy.

Applicant Name (Please Print)

Witness Name (Please Print)

Applicant Signature

Witness Signature

Date

Date

SYSCO FOOD SERVICES OF IDAHO SUPPLEMENTAL INFORMATION FOR DRIVER APPLICANTS ONLY

Name: _____ Position: _____ City: _____

Date of Birth: _____

EXPERIENCE AND QUALIFICATIONS

DRIVER LICENSES AND ENDORSEMENTS

State Issued	License Number	Type	Expiration Date

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes ___ No ___

Has any license, permit, or privilege ever been suspended or revoked? Yes ___ No ___

Class of Equipment	Type of (Van, Tank)	Date: From	Date: To	Approx. # of Miles Driven
Straight Truck				
Tractor /Trailer				
Tractor/Doubles				
Other				

Drug Test Record for the past 3 years

Have you ever tested positive for illegal drugs or alcohol on any test conducted in the past 3 years?
 ___ Yes ___ No If yes, details: _____

Have you ever refused to take a test for illegal drugs or alcohol? Yes ___ No ___ If yes, when? _____

Accident Record for the past 3 years or more (attach sheet if more space is needed.)

Dates	Nature of Accident & est. \$ Amount (Head On, Rear End, Upset, Etc.)	Fatalities	Injuries

Traffic convictions and forfeitures for the past 3 years (other than parking violations)

Location	Date	Charges	Penalty

(Attach sheet if more space is needed.)

Warehouse Experience

List types of platform experience and years of each _____

List platform equipment you can operate (lift truck, etc.) _____

List courses or training in platform work _____

Other Experience and Qualifications

List any trucking, transportation or other experience that may help in your work for this company.

SYSCO FOOD SERVICES OF IDAHO

POLICY REGARDING POST-OFFER, PRE-PLACEMENT TESTS

Post offer/Pre-placement/Post Employment examinations are successful tools utilized to create a safer working environment for employees. With the advent of sports technology applied to the industrial worker, comprehensive stress tests monitor heart and musculoskeletal function to detect disease processes, wear and tear syndromes, and many other problems that lead to injuries and disability. Computerized testing and stress evaluations by licensed professionals in a medical setting typically cost over one thousand dollars, SYSCO Food Services of Idaho is willing to pay for such services to help their employees remain safe in the workplace and to reduce costs associated with injuries. Training provided during the examinations increases body awareness during work activities to prevent cumulative trauma and to successfully reduce injuries. Furthermore, employee turnover and operating expenses are reduced, by maintaining properly qualified personnel in each position.

As a result, SYSCO Food Services of Idaho is implementing the WorkSTEPS[®] evaluation program for prospective candidates and existing employees. This program has been in effect since 1986, has one of the largest normative data bases that every job and every employee are different, the tests are utilized to determine whether or not the individual can safely perform job duties.

When necessary to enable an otherwise qualified candidate with a “disability” to participate in testing, the Company will provide reasonable accommodations, provided such accommodations do not cause an undue hardship. Candidates, who believe they need an accommodation to participate in the testing program, must request such accommodations in writing. To minimize or avoid delays in testing, the Company asks candidates to advise the Company of the need for any accommodation as soon as possible after you have received a conditional offer of employment.

Policy:

All persons interested in being considered for the positions of Loader, Selector, Driver or Marketing Sales Associate (or Trainee) will be required to successfully complete a functional employment test. The following is the process that will be followed.

1. Candidates should report to SYSCO to complete the necessary application forms and questionnaire.
2. Authorized staff members will interview candidates.
3. An authorized staff member will offer employment to those candidates deemed to be the best overall fit for the positions sought. The offer of employment will be contingent upon the successful completion of a post-offer drug screen and functional employment test.
4. Upon receiving a conditional offer of employment, candidates will be given a written job description and additional written information regarding the post-offer/pre-placement test. After carefully reviewing this information and/or consulting with their personal physicians, each candidate must complete a release authorizing the Company and WorkSTEPS to conduct the post-offer functional employment tests. Requests for accommodations should be noted on the release. Depending on the nature of the accommodation sought, further discussions and/or medical documentation may be needed to identify an appropriate accommodation. Testing will be delayed until the interactive process aimed at identifying appropriate and necessary reasonable accommodations is completed.
5. Once the Company receives a fully completed release and any requests for reasonable accommodation are resolved, the Company will schedule the candidate for the post-offer/pre-placement test.

SYSCO FOOD SERVICES OF IDAHO
POLICY REGARDING POST-OFFER, PRE-PLACEMENT TESTS
Continued

6. Upon reporting to the licensed WORKSTEPS testing facility, the candidate will be examined by a licensed occupational or physical therapist and their staff.
7. An authorized representative will inform a candidate, who successfully completes the post-offer/pre-placement test, of a “start” date.
8. The Company will notify any candidate who fails to successfully complete the post-offer/pre-placement test. Because the Company seeks to make employment decisions based on the best available objective medical evidence, any candidate who fails the test should provide the Company with any additional information they believe the Company should consider before withdrawing its conditional offer of employment.
9. Absent receipt of additional information that persuades the Company that a candidate can perform the essential functions of the position sought with or without reasonable accommodation, the Company will not hire candidates who fail to successfully complete the post-offer/pre-placement test.

Additional Points:

The cost of the post-offer/pre-placement/post employment test procedures are paid by the company. Medical information collected in connection with such tests will be maintained in confidential files in accordance with requirements of the Americans with Disabilities Act (ADA) and the information collected will not be used for any purpose inconsistent with the ADA.

The Company is an equal opportunity employer and does not discriminate against individuals on the basis of race, color, religion, gender, national origin, military status, disability, or any other basis protected by federal, state or local law.

Nothing in this policy is intended to be, and should not be construed as, a contract for any particular term or condition of employment. Individuals are employed “at will”, which means that the Company or the applicant/employee can terminate the employment relationship at any time, with or without cause or notice.

Acknowledgment:

I have read the above policy and understand that if offered employment it will be conditioned on the successful completion of a post-offer/pre-placement functional employment examination. I hereby agree to comply with the above procedure and request that my application for employment be processed pursuant to this policy.

Signature of Applicant/Date

Company Representative/Date

Application Name (Please Print)

Representative Name (Please Print)