



**Sysco San Francisco**  
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Fremont, CA 94538  
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[sysco.com](http://sysco.com)

## **APPLICATION FOR EMPLOYMENT**

### **“Equal Opportunity/Affirmative Action Employer”**

**All applicants will receive consideration for employment without regard to race, color, religion, gender, national origin, age, disability, or veteran status.**

Any offer of employment is contingent upon successfully passing a pre-employment drug screen (and physical capacities test for certain positions.)

If you need an accommodation to participate in the application process (E.G., taking a pre-employment test or participating in an interview), you may request such an accommodation. However, it would be helpful if you inform us of your need for an accommodation within a reasonable time before that part of the application process begins.

Persons under 18 years of age must be able to verify age by supplying the appropriate documentation such as a birth certificate or hospital birth record, drivers' license or state picture ID card, passport, alien registration card with picture, or a baptism record that includes the minor's date of birth.

According to federal law, if you are hired, you must bring with you on your first day of work the appropriate original document(s) verifying your identity and showing eligibility for employment. If you are offered a job you will be told what the appropriate documents are. Your failure to bring these documents will delay your entry onto the payroll. Further, the law precludes continuing employment if the documents are not provided in a timely fashion.

### **INSTRUCTIONS FOR COMPLETING THE APPLICATION**

**To be considered for employment at Sysco all applicants must complete the employment application in full. Your resume will not be accepted in lieu of an application. Any information you submit in addition to the application (i.e. resume) must be true and complete.**

**Unsigned or incomplete application will not be processed.**

Page 2 is a “Voluntary Self-Identification” section. Please read the purpose of the section carefully.

**This will be detached from the application before the application is reviewed for employment consideration.**

An application must be completed in full for each position or interest.



Sysco San Francisco
Voluntary Applicant Self-Identification Questionnaire

Sysco San Francisco is an Equal Opportunity Employer. Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, age, disability, veteran status or national origin.

Instructions: Please read all instructions carefully before completing this form.

Sysco San Francisco (Sysco) is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Sysco invites applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential, separate from the application and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. To assess recruitment, we also ask you tell us how you learned of this job. Completion of this form is not an employment requirement.

Name: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Date \_\_\_\_\_ What is your gender? Male [ ] Female [ ]

What is your race/ethnicity? You may mark only one box.

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

Referral Source: Check all that apply.

- Sysco Associate [ ] Job Fair [ ] State Job Service [ ] Walk-in [ ] Newspaper [ ]
Internet [ ] Agency [ ] TV/Radio [ ] TV/Radio [ ] Other: \_\_\_\_\_



## Sysco San Francisco APPLICATION FOR EMPLOYMENT

**Job Requisition #**

**Date of Application**

Month	Day	Year

**PERSONAL**

NAME LAST	FIRST	MIDDLE	SOCIAL SECURITY #	TELEPHONE NUMBER HOME:
ADDRESS STREET	CITY	STATE	ZIP CODE	WORK/DAY TIME MESSAGE:
PLEASE INDICATE OTHER NAMES YOU HAVE USED WHILE WORKING OR ATTENDING SCHOOL. SUCH AS FORMER NAME, ETC.				

**POSITION OBJECTIVE** \*\*Sysco San Francisco will only accept one requisition per application. Please do not apply for multiple openings on one application.

POSITION DESIRED	DATE AVAILABLE TO WORK	SALARY/WAGE DESIRED

**GENERAL INFORMATION**

HOW DID YOU HEAR ABOUT SYSCO?	IF YOU WERE REFERRED BY A SYSCO EMPLOYEE, PLEASE LIST NAME OF PERSON:
HAVE YOU EVER APPLIED FOR SYSCO BEFORE? IF YES, INDICATE WHEN: <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER INTERVIEWED WITH SYSCO? IF YES, INDICATE WHEN OR WHERE. <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE ANY RELATIVES EMPLOYED BY SYSCO? IF YES, INDICATE NAME AND RELATIONSHIP: <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR SERIOUS MISDEMEANOR)? (CONVICTIONS FOR MARIJUANA RELATED OFFENSES THAT ARE MORE THAN TWO YEARS OLD NEED NOT BE LISTED). <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, STATE NATURE OF THE CRIME(S). WHEN AND WHERE CONVICTED AND DISPOSITION OF THE CASE.
HAVE YOU EVER BEEN INVOLUNTARILY DISCHARGED GIVE DETAILS (E.G., BY WHAT EMPLOYER, WHEN AND WHY) FROM EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF HIRED, CAN YOU PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO LIVE AND WORK IN THIS COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**EMPLOYMENT HISTORY list PRESENT or LAST employer first**

ARE YOU CURRENTLY WORKING FOR A SYSCO CUSTOMER? IF YES, PLEASE LIST THE COMPANY NAME AND NAME OF OWNER OR GENERAL MANAGER. <input type="checkbox"/> YES <input type="checkbox"/> NO				
MAY WE CONTACT YOUR CURRENT EMPLOYER EVEN IF AN OFFER OF EMPLOYMENT HAS NOT YET BEEN EXTENDED? <input type="checkbox"/> YES <input type="checkbox"/> NO (if you accept an offer of employment, Sysco intends to contact your current employer even if you check no.)				
FURNISH INFORMATION ABOUT EACH PERIOD OF EMPLOYMENT INCLUDING MILITARY, VOLUNTEER SERVICES, AND/OR PERIODS OF UNEMPLOYMENT. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. PLEASE DO NOT "REFER TO RESUME".				
From MO	YR	TO MO	YR	EMPLOYER'S NAME AND COMPLETE ADDRESS (COMPANY NAME, STREET NO., CITY, STATE, AND ZIPCODE)
STARTING SALARY	ENDING SALARY	YOUR JOB TITLE:	IMMEDIATE SUPERVISOR:	TELEPHONE:
\$ PER	\$ PER			
DESCRIPTION OF DUTIES:				
WERE YOU SUBJECT TO THE FMCRS'S WHILE EMPLOYED HERE? YES NO SALARY/WAGE WERE YOU SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF THE FEDERAL REGULATIONS? (49CFR PART 40) YES NO				
REASON FOR LEAVING:				
From MO	YR	TO MO	YR	EMPLOYER'S NAME AND COMPLETE ADDRESS (COMPANY NAME, STREET NO., CITY, STATE, AND ZIPCODE)
STARTING SALARY	ENDING SALARY	YOUR JOB TITLE:	IMMEDIATE SUPERVISOR:	TELEPHONE:
\$ PER	\$ PER			
DESCRIPTION OF DUTIES:				
WERE YOU SUBJECT TO THE FMCRS'S WHILE EMPLOYED HERE? YES NO SALARY/WAGE WERE YOU SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF THE FEDERAL REGULATIONS? (49CFR PART 40) YES NO				
REASON FOR LEAVING:				

**EMPLOYMENT HISTORY** *CONTINUED*

From MO	YR	TO MO	YR	EMPLOYER'S NAME AND COMPLETE ADDRESS (COMPANY NAME, STREET NO., CITY, STATE, AND ZIPCODE)	
STARTING SALARY		ENDING SALARY		YOUR JOB TITLE:	IMMEDIATE SUPERVISOR:
\$ PER		\$ PER			TELEPHONE:
DESCRIPTION OF DUTIES:					
WERE YOU SUBJECT TO THE FMCRS'S WHILE EMPLOYED HERE? YES NO SALARY/WAGE					
WERE YOU SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF THE FEDERAL REGULATIONS? (49CFR PART 40) YES NO					
REASON FOR LEAVING:					
From MO	YR	TO MO	YR	EMPLOYER'S NAME AND COMPLETE ADDRESS (COMPANY NAME, STREET NO., CITY, STATE, AND ZIPCODE)	
STARTING SALARY		ENDING SALARY		YOUR JOB TITLE:	IMMEDIATE SUPERVISOR:
\$ PER		\$ PER			TELEPHONE:
DESCRIPTION OF DUTIES:					
WERE YOU SUBJECT TO THE FMCRS'S WHILE EMPLOYED HERE? YES NO SALARY/WAGE					
WERE YOU SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF THE FEDERAL REGULATIONS? (49CFR PART 40) YES NO					
REASON FOR LEAVING:					

**SPECIALIZED SKILLS AND KNOWLEDGE**

LIST ANY ACHIEVEMENTS OR ACTIVITIES THAT YOU CONSIDER RELEVANT TO YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING, SUCH AS: AWARDS RECEIVED, MEMBERSHIPS OR OFFICES HELD IN PROFESSIONAL ORGANIZATIONS, LICENSES HELD, COMPUTER LANGUAGES OR SOFTWARE PROGRAMS, FOREIGN LANGUAGES (PROFICIENCY IN SPEAKING AND WRITING), ETC.	
PLEASE COMPLETE ALL CATEGORIES THAT APPLY	SOFTWARE: <input type="checkbox"/> MS WORD <input type="checkbox"/> MS EXCEL <input type="checkbox"/> MS POWERPOINT <input type="checkbox"/> OUTLOOK <input type="checkbox"/> PAGEMAKER <input type="checkbox"/> LOTUS 123 <input type="checkbox"/> 10-KEY <input type="checkbox"/> IBM AS400 OTHER MACHINES REQUIRING SPECIAL SKILLS:

**EDUCATION AND TRAINING INFORMATION**

EDUCATION	NAME OF SCHOOL	LOCATION CITY/STATE	FROM MO./YR.	FROM MO./YR	DEGREE CONFERRED
HIGH SCHOOL					
COLLEGE(S)					
OTHER SCHOOL(S) (TRADE, ETC.)					
MAJOR STUDIES		MINOR STUDIES			

**Employment Release and Verification Statement: PLEASE CHECK BOXES AFTER READING:**

- I understand that this application and any attachment are the property of Sysco San Francisco (the Company).
- I authorize Sysco to investigate my past employment or education and any other matters that Sysco deems relevant. I authorize you to request and receive such information and I release all such parties from all liability for any damage that may result from furnishing such information to you. I also release Sysco from all liability, which might result from making the investigation.
- Any offer of employment tendered me is based upon my agreement to abide by the rules and regulations of Sysco and acknowledgement that such rules and regulations maybe changed, interpreted, or withdrawn by Sysco at any time without prior notice to me. I understand that this application is not an employment contract and, as such, does not guarantee nor imply permanent employment. I understand that if offered employment, said employment is "at will", and employment may be discontinued by either Sysco or me at anytime.
- I understand that any offer of employment is subject to a pre-employment drug and/or alcohol screen. I agree to such testing at the company's expense and I authorize release of the results and their use to evaluate my suitability for employment. I understand that, if employed, I may be required to submit to testing in several different circumstances. I also release Sysco from all liability arising out of or connected with any examinations, inquiries and/or testing. *Ask to see a copy of our employee alcohol and drug policy if you have any questions.*
- I understand that I must inform the Company about any of my relatives who work for a direct competitor of Sysco's in the food service industry prior to any offer of employment. This information does not automatically disqualify me for employment, but will be reviewed by the Company who will determine if a conflict of interest exists. Failing to disclose this information prior to employment may result in termination.

**CERTIFICATION AND SIGNATURE:**

- I certify that the statements made by me in this application and any attachments, supplemental documents or interviews are true, complete, and correct to the best of my knowledge and are made in good faith. I hereby grant Sysco permission to contact any person or entity for the purpose of confirming the information contained in this application and any attachments, supplemental documents or interviews. I understand that falsification of any statement or omission of information made by me on this application process may disqualify me for further consideration for employment and generally will result in denial of employment or termination, regardless of when and how discovered.
- 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 publications.

Sysco San Francisco appreciates and respects the relationship that exists between our customers and their employees. I am aware that if I am an employee of a current customer of Sysco, on the date of completion of this application, I must inform my employer that I am seeking employment with Sysco and receive his/her approval prior to any interview. I understand that failure to inform my customer employer is sufficient grounds to stop the interview process at any time, will void any offer of employment, and is grounds for termination. If I currently work for a prospective customer, supplier, or broker of Sysco, I must inform my employer that I am seeking employment with the Company prior to any offer of employment.

I have read each statement contained in the employment release and verification statement. I have also reviewed all of the information contained in the application and attachments and I verify that all information provided by me is true and complete.

This application will remain active for the length of the job requisition # that was specified.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_