

**SUTHERLAND'S FOODSERVICE, INC.**  
 16 Forest Parkway - Building "K", P.O. Box 786, Forest Park, Georgia 30298-0786  
 Phone (404) 366-8550 Fax (404) 366-8599

HAVE YOU EVER APPLIED TO SUTHERLAND'S FOODSERVICE, INC. BEFORE?		YES	NO
IF YES, WHEN?			
HOW DID YOU HEAR OF US?		DO YOU KNOW ANYONE WORKING HERE? YES NO	
		IF YES, WHO?	

If you are applying for a driver position, ALL forms in this packet MUST be filled out completely.

## EMPLOYMENT APPLICATION

NAME:		DATE:
SOCIAL SECURITY NO:	PHONE NO:	
ADDRESS:		
CITY:	STATE:	ZIP CODE:
IN EMERGENCY CONTACT (PLEASE GIVE TWO PEOPLE TO CONTACT AND TWO PHONE NUMBERS EACH)		
NAME	PHONE NUMBER 1:	
RELATIONSHIP	PHONE NUMBER 2:	
NAME	PHONE NUMBER 1:	
RELATIONSHIP	PHONE NUMBER 2:	
DO YOU HAVE TRANSPORTATION?		
LIST ANY SPECIAL TRAINING OR SKILLS YOU HAVE:		

### EDUCATION

SCHOOL / COLLEGE NAME	STATE	LAST GRADE COMPLETED	GRADUATE?	
			YES	NO
			YES	NO
MILITARY YES NO	BRANCH:	RANK:	DISCHARGED AS:	

### EMPLOYMENT DESIRED

POSITION:	DATE YOU CAN START:
SALARY / WAGE REQUESTED:	ARE YOU EMPLOYED NOW? YES NO
IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO	
NAME:	PHONE NO:

### FORMER EMPLOYERS (PAST 5 YEARS) MUST LIST EMPLOYER PHONE NUMBER

EMPLOYMENT DATE FROM:	TO:	POSITION:	SALARY:
NAME AND ADDRESS OF EMPLOYER:			
EMPLOYER PHONE NUMBER:		REASON FOR LEAVING:	
EMPLOYMENT DATE FROM:	TO:	POSITION:	SALARY:
NAME AND ADDRESS OF EMPLOYER:			
EMPLOYER PHONE NUMBER:		REASON FOR LEAVING:	
EMPLOYMENT DATE FROM:	TO:	POSITION:	SALARY:
NAME AND ADDRESS OF EMPLOYER:			
EMPLOYER PHONE NUMBER:		REASON FOR LEAVING:	

## AUTHORIZATION STATEMENT

I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in response to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by the previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

Driver's signature \_\_\_\_\_ Date \_\_\_\_\_

**ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND INVESTIGATION**

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, DISCLOSURE REGARDING INVESTIGATIVE BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and additional state/city-specific notices and Summary of Rights and certify that I have read and understand those documents. I hereby authorize the evaluation of my driver file by J. J. Keller & Associates, Inc. for compliance with state and federal laws and the acquisition of "consumer reports" (i.e., driving records, criminal history, social security verification, and/or education history) and/or "investigative consumer reports" (i.e., employment and/or education verification) by the Employer (as listed below) at any time after receipt of this authorization and throughout my employment, if applicable. In addition, I hereby authorize any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, current and past employer, or insurance company to furnish any and all background information requested by J. J. Keller & Associates, Inc., PO Box 368, Neenah, WI 54957-0368, (877)-564-2333, [www.jkeller.com](http://www.jkeller.com), and/or Employer itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants only:** Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly or by checking this box.  By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

**New York City applicants only:** By signing this form, you further authorize the Company to provide you with a copy of your consumer report, the New York City Fair Chance Act Notice form, and any other documents, to the extent required by law, at the mailing address and/or email address you provide to the Company.

**Washington State applicants only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**Minnesota and Oklahoma applicants only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**California applicants only:** Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law as stated in the Notice Regarding Background Checks per California Law you received.

**Note to Residents of New Hampshire, Pennsylvania, Washington, Puerto Rico, and Canadian Provinces — British Columbia, Manitoba, New Brunswick, Newfoundland & Labrador, Northwest Territories, Nunavut, Prince Edward Islands, Quebec, Saskatchewan, and Yukon:** State specific or Canadian general motor vehicle release forms must be completed and signed prior to obtaining the reports.

Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_

(MM/DD/YY)

Company Name\* \_\_\_\_\_

**BACKGROUND INFORMATION**

Last Name\* \_\_\_\_\_ First\* \_\_\_\_\_ Middle\* \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

\*Required information

This document should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. J. J. Keller & Associates, Inc., expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided. Employers seeking credit reports must provide additional notices pursuant to state law.

*Confidential*

# SUTHERLAND'S FOODSERVICE INC.

POSITION APPLYING FOR: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_  
SUPERVISOR SIGNATURE

**TO: Police Department**

## CRIMINAL/BACKGROUND HISTORY CONSENT FORM MUST PRINT CLEARLY

FIRST NAME:		MIDDLE NAME:		LAST NAME:	
PRESENT STREET ADDRESS:				HOW LONG AT THIS ADDRESS?	
				YEARS	MONTHS
CITY		STATE		ZIP CODE	
*DATE OF BIRTH (MM-DD-YYYY)	*HEIGHT	*WEIGHT	*SEX	*RACE	SOCIAL SECURITY NUMBER:
GA.I.D. OR DRIVER'S LICENSE NUMBER:		EXPIRATION DATE	STATE	CLASS	
APPLICANT SIGNATURE:			DATE SIGNED:		

*\* Note: The above information is required to ensure positive identification and is NOT used as qualification for employment.*

NOTARY SIGNATURE:	DATE NOTARIZED:
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**Please fax information to (404) 366-8776**

## **DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES**

*Please Read Carefully Before Signing the Authorization*

### **DISCLOSURE**

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, Sutherland's Foodservice, Inc. ("the Company") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as PeopleFacts, Inc.

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

**Personal Data**

_____ Last Name	_____ First Name	_____ Middle Name
_____ Current Address		_____ Dates Lived Here
_____ Addresses for the Past Seven Years: (Include street, city, state, zip code)		_____ Dates of Residence:
_____ _____		_____ _____
_____ _____		_____ _____
_____ Date of Birth	_____ Other Names Used (including maiden name)	_____ Years Used
_____ Social Security Number	_____ Driver's License #	_____ State
_____ Email address (may be used for official correspondence)		

I have the right to make a request to **PeopleFacts, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **PeopleFacts, Inc** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

_____ Printed Name	_____ Applicant Signature	_____ Date
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**INFORMATION FOR PEOPLEFACTS CUSTOMERS ON  
ADDITIONAL STATE LAW REQUIREMENTS**

**DISCLAIMER: THE DISCLOSURE AND AUTHORIZATION FORM, AND THE DISCUSSION OF STATE REQUIREMENTS BELOW, ARE NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY IN CONNECTION WITH THE USE OF THESE FORMS OR THE DETERMINATION OF STATE LAW REQUIREMENTS THAT MAY BE APPLICABLE TO YOU. PEOPLEFACTS, INC. MAKES NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN.**

**IN ADDITION TO THE FOREGOING DISCLOSURE AND AUTHORIZATION FORM NEEDED TO COMPLY WITH THE FEDERAL FAIR CREDIT REPORTING ACT, VARIOUS STATES IMPOSE ADDITIONAL DISCLOSURE OR OTHER OBLIGATIONS ON EMPLOYERS WHEN THEY OBTAIN CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS ON EMPLOYEES OR APPLICANTS.**

**THE FOLLOWING IS A SUMMARY OF POSSIBLE STATE REQUIREMENTS.**

- 1. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN CALIFORNIA, MINNESOTA, AND OKLAHOMA, you should add the following language to the end of the Authorization:**

**You may request a free copy of any consumer report or investigative consumer report we obtain on you by checking the box.**

- 2. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN CALIFORNIA:**

***Under California Civil Code §§ 1786.16(a)(2) and 1786.22, the following additional disclosure should be provided before procuring a consumer report:***

**We will be obtaining a consumer report from [name, address, and telephone number of the consumer reporting agency]. You have the right to request from that agency, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which the agency has previously furnished within the three-year period preceding your request. You may view the file maintained on you by the agency during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the**

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