



# Southwest Foodservice Excellence, LLC

## Employment Application – Transitioning District

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

As listed on your  
Social Security Card

Last

First

M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City

State

ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

If no, are you authorized to work in the U.S.?

YES

NO

☐☐

Have you ever worked for this company?

YES

NO

☐☐

If yes, when? \_\_\_\_\_

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain:

Please indicate your highest level of education:

Grade School

High School Diploma  
or Equivalent

Some College

Associate's  
Degree

BS/BA  
Degree

Master's  
Degree

☐☐☐☐☐☐

### Disclaimer and Signature

#### READ CAREFULLY BEFORE SIGNING

*I certify that the information contained in this Application and other required documents ("Application") are true and accurate to the best of my knowledge. I understand that any misrepresentations or omissions of such information or any false statements made by me in this Application shall result in denial of employment or discharge. I further understand that any offer of employment and continued employment is contingent upon my ability to provide documentation evidencing identity and right to work in the United States.*

*I grant the Company permission to check any of the information submitted by me in connection with this Application and to make a thorough investigation of my past employment, education and activities. I authorize the employers and references listed in this Application or other required documents, unless otherwise indicated, to give the Company any and all information concerning my previous employment and other pertinent information they may have, personal or otherwise. I release the Company and all persons or entities supplying such information to the Company from all liability for any damage, which may result from furnishing information to the Company.*

*I understand that a consumer report concerning my credit worthiness and credit rating (if job-related), character, general reputation, personal characteristics and mode of living may be requested by Southwest Foodservice Excellence, LLC in connection with my employment or post-employment activities. I understand that I will be notified if such a report is obtained. I further understand that, upon written request, I may obtain additional information about this report under the requirements of the Fair Credit Reporting Act.*

*I understand that employment is contingent upon satisfactory completion of reference checks and that, upon my written request, information on the nature and scope of an inquiry, if one is made, will be provided to me. I understand this is a preliminary application and not a contract to employ me.*

*I understand that it is Southwest Foodservice Excellence, LLC policy to not allow relatives to work in the same department where such employment poses problems of supervision, safety, security or morale, or poses potential conflicts of interest or other hazards greater for relatives than for other persons.*

*I agree to wear or use all protective clothing or devices required by the facility and to comply with all safety policies and procedures.*

*If an employment relationship is established, I agree to conform to the Company's policies and practices and that my employment and compensation can be terminated at any time with or without cause, and with or without advance notice, at the option of the Company or myself. I understand that no management representative has authority to enter into any agreement of employment for any specific period of time or to make any agreement contrary to the foregoing. I recognize and agree that the Company may exercise its right without prior warning or notice to conduct inspections of its property including but not limited to files, lockers, desks and vehicles, and in certain circumstances any personal property.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



9366 E Raintree Dr. Suite 101 Scottsdale, AZ 85260

## Current Employment Information

Employee Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

☐ I currently work at \_\_\_\_\_ School within \_\_\_\_\_ School District. Southwest Foodservice Excellence, LLC (SFE) reserves the right to assign you to any school within the district based on business need.

☐ My current schedule is Monday-Friday \_\_\_\_\_ AM to \_\_\_\_\_ PM.

☐ My current hourly wage is \$\_\_\_\_\_ per hour. Your previous two paystubs are required to confirm.

☐ I currently have medical Benefits through school district. YES\_\_\_\_ NO\_\_\_\_

☐ I understand I need to have an active email address on the HR Processing Day. YES\_\_\_\_ NO\_\_\_\_

☐ I understand I must bring proper identification to complete my I-9 on the HR Processing Day. YES\_\_\_\_ NO\_\_\_\_

☐ I understand I must submit my last two pay stubs to SFE on the HR Processing Day. YES\_\_\_\_ NO\_\_\_\_

☐ I understand I must obtain a Food Handlers Card within 10 business days of my hire date with SFE at your own expense. YES\_\_\_\_ NO\_\_\_\_

☐ I understand I must have a Fingerprint Clearance Card (or the process stated) prior to the first day of SFE foodservice at your own expense. YES\_\_\_\_ NO\_\_\_\_

Please note: This letter does not constitute an express or implied contract for employment, nor does it constitute an express or implied agreement for continued employment, or guaranteed hours of work, or any promise of salary increases or bonuses. You acknowledge your understanding of an agreement that your employment is "at-will" This means that you have the right to terminate your employment relationship with the company at any time, and so does the company, for any lawful reason, with or without notice.

By signing below, you are confirming your intent to join SFE. Your employment will be contingent upon your (1) completion of SFE Employment Application; (2) signing of the Company's Handbook, Company Policies, and Code of Conduct; (3) providing proof of your eligibility to work in the United States; and (4) successfully obtaining a reasonable fingerprint clearance card.

We are very pleased at the potential of working with you!

Please sign below acknowledging that you have read and agree to the confirmation of the offer outlined above.

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



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## Employee Info Sheet

### Personal Information

Legal Name As on Social Security Card

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name If Different than Above: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### Emergency Contact Information

#### First Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### Second Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



## EEO-1 Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

District/School/Location: \_\_\_\_\_

### Race or Ethnic Identity

- ☐ Hispanic or Latino
- ☐ White (not Hispanic or Latino)
- ☐ Black or African American (not Hispanic or Latino)
- ☐ Asian (not Hispanic or Latino)
- ☐ American Indian or Alaskan Native (not Hispanic or Latino)
- ☐ Two or More Races (not Hispanic or Latino)
- ☐ I do not wish to self-identify

### Gender

- ☐ Male ☐ Female

### Veteran Status

- ☐ Vietnam Era Veteran ☐ Disabled Veteran ☐ Special Disable Veteran
- ☐ Other Protected Veteran ☐ Recently Separated Veteran
- ☐ Armed Forces Service Medal Veteran ☐ I am not a protected Veteran

### Disability

- ☐ I have a qualifying disability
- ☐ I do not have a qualifying disability
- ☐ I do not wish to self-identify

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Employee Signature

## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b>	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li data-cs="2" data-kind="parent"><b>For persons under age 18 who are unable to present a document listed above:</b></li><li data-kind="ghost"></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>		<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**