



Sysco Portland
26250 SW Parkway Center Drive
PO Box 527
Wilsonville, Oregon 97070
503/682-8700 • 800/776-8904
Job Hotline: 503/682-8296
Website: www.syscoportland.com
FAX: 503/682-6646

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, driver’s 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 of interest.



VOLUNTARY SELF-IDENTIFICATION

In an effort to evaluate our selection process and to meet government reporting requirements, we request that you complete this form. The data you provide is to be used solely for reporting, research, statistical purposes, and to comply and monitor compliance with legal requirements. You are not required to answer any of these questions; however, your voluntary cooperation will be appreciated. Failure to complete this form will not affect the decision concerning your employment application.

X
Print Last Name _____ First _____ Middle _____

X
For what position are you applying? _____

What is your gender? Male Female

Answering the following questions will help us meet our record-keeping requirements for the U.S. Department of Labor, the EEOC and our Affirmative Action Program.

ETHNIC BACKGROUND (Please check only ONE in this section)

- 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 Latin)** – 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.

From what source did you learn about this vacancy?

- Employee Referral:
Name of Employee _____
- Advertisement:
Name of Publication _____
- Online Listing
(name website) _____
- Walked In
- College/University/Trade/Vocational School
School Name _____
- Community or Professional Organization:
Name of Organization _____
- Job Fair _____
- Other source (please specify): _____



APPLICATION FOR EMPLOYMENT

Applicant #

INTERNAL USE ONLY

Date of Application

MONTH	DAY	YEAR
-------	-----	------

PERSONAL

NAME LAST	FIRST	MIDDLE	Home Phone Number
ADDRESS STREET	CITY	STATE	ZIP CODE
PLEASE INDICATE OTHER NAMES YOU HAVE USED WHILE WORKING OR ATTENDING SCHOOL			EMAIL ADDRESS (OPTIONAL)

POSITION OBJECTIVE

POSITION DESIRE	DATE AVAILABLE FOR WORK	SALARY/WAGE DESIRED
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GENERAL INFORMATION

HOW DID YOU HEAR ABOUT SYSCO?	IF REFERRED BY A SYSCO PORTLAND EMPLOYEE, PLEASE LIST NAME OF PERSON:
HAVE YOU EVER APPLIED WITH SYSCO BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE WHEN:	HAVE YOU EVER INTERVIEWED WITH SYSCO? IF YES, INDICATE WHEN and WHERE: <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE ANY RELATIVES EMPLOYED BY SYSCO? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE NAME AND RELATIONSHIP:	HAVE YOU EVER WORKED FOR SYSCO BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED, PLEAD GUILTY OR NO CONTEST OR FORFEITED BAIL OR BOND FOR ANY CRIME OTHER THAN A MINOR TRAFFIC OFFENSE? (A CONVICTION IN ITSELF DOES NOT BAR EMPLOYMENT) <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN NATURE AND DATE OF OFFENSE:
HAVE YOU EVER BEEN INVOLUNTARILY DISCHARGED FROM EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	GIVE DETAILS (E.G., BY WHAT EMPLOYER, WHEN AND WHY)
IF YOU ARE HIRED, WILL YOU BE ABLE TO PRODUCE DOCUMENTATION THAT YOU HAVE LEGAL AUTHORIZATION TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT HISTORY: Incomplete applications will not be processed; do not write "Refer to Resume".

ARE YOU CURRENTLY WORKING FOR A SYSCO CUSTOMER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE LIST THE COMPANY'S NAME AND NAME OF OWNER OR GENERAL MANAGER.			
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. List most current employer first, then past employers.				
FROM MO YR	TO MO YR	EMPLOYER'S NAME AND COMPLETE ADDRESS (COMPANY NAME, STREET NO., CITY, STATE, AND ZIP CODE)		
STARTING SALARY \$ PER	ENDING SALARY \$ PER	YOUR JOB TITLE:	IMMEDIATE SUPERVISOR:	TELEPHONE ()
DESCRIPTION OF DUTIES:				
REASON FOR LEAVING:				
FROM MO YR	TO MO YR	EMPLOYER'S NAME AND COMPLETE ADDRESS (COMPANY NAME, STREET NO., CITY, STATE, AND ZIP CODE)		
STARTING SALARY \$ PER	ENDING SALARY \$ PER	YOUR JOB TITLE:	IMMEDIATE SUPERVISOR:	TELEPHONE ()
DESCRIPTION OF DUTIES:				
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 ZIP CODE)		
STARTING SALARY \$ PER		ENDING SALARY \$ PER		YOUR JOB TITLE:		IMMEDIATE SUPERVISOR: TELEPHONE ()
DESCRIPTION OF DUTIES:						
REASON FOR LEAVING:						

FROM MO YR		TO MO YR		EMPLOYER'S NAME AND COMPLETE ADDRESS (COMPANY NAME, STREET NO., CITY, STATE, AND ZIP CODE)		
STARTING SALARY \$ PER		ENDING SALARY \$ PER		YOUR JOB TITLE:		IMMEDIATE SUPERVISOR: TELEPHONE ()
DESCRIPTION OF DUTIES:						
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 CHECK ALL CATEGORIES THAT APPLY **SOFTWARE:** MS WORD MS EXCEL MS OUTLOOK MS ACCESS 10-KEY IBM AS400
OTHER MACHINES REQUIRING SPECIAL SKILLS:

EDUCATION AND TRAINING INFORMATION

EDUCATION	NAME OF SCHOOL	LOCATION CITY/STATE	FROM MO./YR.	TO MO./YR.	DEGREES 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 Portland (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 may be 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 any time.
- 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 Portland 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 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.**

Signature of Applicant: _____

Date _____

Background Investigation Authorization

IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGEMENT

In connection with your potential employment with Sysco, we may upon execution of this authorization, investigate the information contained in this form, your application and other relevant background information to determine whether you are a suitable candidate for employment, promotion, position re-assignment or contract. Therefore, Sysco will request a consumer report or investigative consumer report as defined under applicable state and federal law from a third party agency, Background Investigations, 1800 Blankenship Rd, Suite 250, West Linn, OR 97068, 800-955-1356. The scope of the report request by Sysco may include information relating to criminal history, academic achievement, employment history, Social Security Number verification, character, general reputation, personal characteristics, and mode of living. The purpose of the background investigation is to solely determine employment eligibility. If you do not authorize Sysco to conduct your background investigation, you will not be considered for employment, promotion, position re-assignment or contract. If so, your application may be withdrawn, you may be removed from your position or your contract may be terminated, if applicable.

If the report, in whole or in part, supports making an adverse decision affecting your employment or contract, Sysco will provide you, before making the adverse decision, a copy of the report and a description in writing of your rights under the Fair Credit Reporting Act and any applicable state laws. If you are ineligible for employment or your background is unacceptable to Sysco, Sysco may not hire you or may remove you from your position, assignment or terminate your contract. If this information is retained, it will be kept confidential and separate from your personnel file, if you are hired.

By checking this box and with my signature below, I acknowledge I have read the following **“CONSUMER REPORT FOR EMPLOYMENT PURPOSE DISCLOSURE”**. Per Section 604 of the Fair Credit Reporting Act of 1996, this is to inform you that a Consumer Report for Employment Purposes may be obtained. You are also advised that information from a Consumer Report for Employment Purposes will not be used in violation of any applicable federal or state equal employment opportunity law or regulation. You are also informed that before taking adverse action in whole or in part based on the Consumer Report for Employment Purposes, the company will provide you: A copy of the Consumer Report for Employment Purposes; and a copy of your rights, in the approved FTC format. I have read and understand the above information. I agree by affixing my signature to this form.

Please complete the form below:

Current Name – Last, First, Middle Name	Social Security Number
Other Names You Have Used - Last, First, Middle Name	

Residence Data: Beginning with your current address, list all addresses where you have resided in the last 10 years.

Dates – From/To	Street Address	City, State, Zip

Have you ever been convicted of, participated in a pre-trial program with respect to, or are there any pending charges against you involving a criminal offense?

Yes No If yes, clarify _____

Acknowledgement and Authorization

I acknowledge receipt of this background investigation authorization, as set forth above, and certify that I have read and understand these disclosures. I authorize Sysco or its representative to obtain a "consumer report" or "investigative consumer report" as defined under applicable state and federal law or other background information used in connection with Sysco consideration of me for employment, promotion, position re-assignment or contract. I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. To the maximum extent permitted by law, this authorization is valid for all federal, state, county and local agencies and authorities. I understand I have the right to make a written request within a reasonable period of time (not to exceed 30 days) after receipt of this notice for complete and accurate disclosure of information concerning the nature and scope of the investigation. I certify all my answers on this Authorization are true and complete. I understand that the falsification, omission or misrepresentation of fact on this Authorization (or any other accompanying or required documents) may be cause for denial of employment or immediate termination of employment if hired, regardless of when or how discovered.

Applicant's Signature
X

Driver's License Number/State

If under 18 Parent's Signature
X

Date

Search requests will not be processed unless a fully executed copy of this form is returned to Background Investigations
FAX with search request to: Background Investigations at 800-955-1361

Para informacion en espanol, visite www.ftc.gov/credit 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 www.ftc.gov/credit 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:
 - a person has taken adverse action against you because of information in your credit report;
 - 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;
 - 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 months 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 www.ftc.gov/credit 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 1-888-567-8688 (888-5OPTOUT).
- **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" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 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 Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management 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

EXPERIENCE AND QUALIFICATIONS

**Food Services of Portland, Inc.
Salespeople ONLY**

To be completed by Drivers &

Applicant's Name _____

DRIVER LICENSES

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? yes no
- B. Has any license, permit, or privilege ever been suspended or revoked? yes no
- If the answer to either A or B is yes, attach a statement giving details.

DRIVER'S ACCIDENT RECORD

	DATE	NATURE	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE YEARS

LOCATION	DATE	CHARGE	PENALTY

DRIVING EXPERIENCE (TRUCK DRIVERS ONLY)

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT)	DATES FROM TO	APPORX. NUMBER OF TOTAL MILES
STRIAGHT TRUCK			
TRACTOR & SEMI-TRALILER			
TRACTOR-TWO TRAILERS			

LIST ANY SPECIAL COURSES OR TRAINING THAT YOU HAVE TAKEN THAT WILL HELP YOU AS A DRIVER

LIST ANY SAFE DRIVER AWARDS YOU HOLD AND FROM WHOM

Signature of Applicant: _____ Date _____

ANSWER IN FULL BEFORE COMPLETING THE SYSCO APPLICATION
Incomplete questionnaires may not be considered for employment

Marketing Associate Supplemental Questionnaire

Applicant Name: _____
Phone Number (home): _____
Phone Number (cellular): _____
Email address (optional): _____

Upon applying for the Marketing Associate (MA) position, it is important for applicants to understand some key functions of the job.

Outside of the responsibilities listed in the job description, an MA candidate must understand the following.

Please read and answer the following questions.

1. **Are you currently working for a SYSCO customer? Yes No**
If you answered YES to this question, please note that per SYSCO policy, we will NOT interview any employee of a SYSCO customer until we have received permission from the owner or GM.

2. **This position requires the use of your own personal vehicle in the territory. SYSCO supplies its MA's \$62.50 per week as assistance towards the use of their vehicle on the job. Outside of that, there are no additional expenses paid for the use of your car. In addition, please answer the following:**

Do you have reliable transportation?	Yes	No
Do you have a valid OR or WA driver's license?	Yes	No
Do you have a good driving record?*	Yes	No
Has your license ever been suspended?	Yes	No

***Be sure to complete the driving record form in the application packet.**

3. **SYSCO requires a Marketing Associate to maintain a minimum level of auto liability insurance of \$100,000 bodily injury per person, \$300,000 bodily injury per occurrence, and \$50,000 property damage. Are you willing to obtain and keep the appropriate insurance levels? Yes No**

4. **Any offer of employment as a Marketing Associate is contingent upon signing a non-competition agreement with the company. Please answer the following:**
 - a. **Are you willing to sign a non-competition agreement? Yes No**

 - b. **Are you currently under any non-compete agreement that might interfere with your ability to interview or work with SYSCO? (If yes, please be prepared to present a copy of the agreement if you are granted an interview).**
Yes No

5. **This position requires occasional lifting of 10-70 lbs moving product in and out of your car and into customer accounts. Are you able to meet this physical requirement?**
Yes No

6. SYSCO is an extremely service oriented partner with all of its clients. As a Marketing Associate, you would work with our independently owned and operated customers. The hours an MA put into the growth of his/her territory are similar to what a restaurant operator puts into his/her own business. When a customer calls, the MA must respond right away. Therefore an MA typically works varied hours, including some evenings and weekends which may average 50-55 hours per week. In fact, it is not uncommon for an MA to be "on call" on a holiday. Are you able and willing to meet this job requirement?

Yes No

Explain any work experiences where you have had to meet such service levels, including working long hours. How satisfied were you with that and why?

7. An MA is responsible for the credit management of their clients within their territory, which may include asking for checks from customers. Are you willing to meet this requirement?

Yes No

List any collection experience you have had. _____

8. SYSCO takes great pride in the continuous education of its Marketing Associates. MA's will be expected to participate in mandatory training classes called "SYSCO Tech" each Friday morning from 7:00am to 8:30am and full day sales meetings every 6 weeks. Please initial below, acknowledging that you understand this requirement:

Initial: _____

9. Please describe previous compensation structures in past jobs. How satisfied were you and why? _____

10. What are your salary requirements and what do you base this on?

11. SYSCO conducts a background check that includes employment history, criminal background and credit history. Is this agreeable to you?

Yes ____ (If yes, you must complete the Notification of Request for Background/Consumer Report form in the application packet).

No ____

12. After an offer of employment has been accepted, the offer is contingent upon successful completion of several pre-employment exams. Please **initial to acknowledge the following:**

Pre-employment drug screen: _____

Basic occupational physical: _____

Physical Abilities Test: _____

13. Briefly describe any food service experience you have had.

14. Briefly describe any sales experience you have had.

15. Please list any prospecting (cold calling) experience you have had.

16. Tell us about your computer background with the following systems or programs:

MS Office: _____

Outlook: _____

Have you ever worked on a laptop computer? Yes No

Most recently, describe the amount of time you spend on the computer and how you have used it on the job. _____

Thank you for taking the time to complete this questionnaire. If you wish, you may now complete the SYSCO employment application.