



# Centerplate

APPLICATION FOR EMPLOYMENT  
PRINT CLEARLY. COMPLETE ALL ITEMS USING A BALL POINT PEN.

Legal Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Interviewed By: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Date Available: \_\_\_\_\_

Address: Street: \_\_\_\_\_ Apt./Suite No.: \_\_\_\_\_

City \_\_\_\_\_ state. \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone No. ( ) \_\_\_\_\_ Work Phone No. ( ) \_\_\_\_\_

(NOTE TO INTERVIEWER. This application should be free of any notes, comments, or markings, concerning the application.)

Age (Circle one), Under 16 16 17 18 19 20 21 or older

If you are Under 18, do you have a work Permit? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have the legal right to work in the United States? Yes \_\_\_\_\_ NO \_\_\_\_\_  
(To be hired, proper I-9 Employment Eligibility Verification will be required)

Drivers License #- \_\_\_\_\_

State License was issued: \_\_\_\_\_

## Education:

| Name and Location of School | No. Years Completed | Degree of Diploma |
|-----------------------------|---------------------|-------------------|
| High                        |                     |                   |
| Tech                        |                     |                   |
| College                     |                     |                   |

Position Applied For \_\_\_\_\_

Have you ever worked for Centerplate or it's affiliated companies? If yes, please indicate.

Service America Corporation Volume Services, Inc.  
Volume Services America Centerplate

When? \_\_\_\_\_ to \_\_\_\_\_ Last Location: \_\_\_\_\_

Last Position: \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, When? \_\_\_\_\_

(A conviction will not necessarily disqualify you from employment.) To help us evaluate your application, please describe the nature of the felony and your subsequent rehabilitation.

I am available to work:

Full Time  Part Time

Weekends  Temporary

Shift

## EMPLOYMENT HISTORY

(List your current or most recent employer first)

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Dates of employment from \_\_\_\_\_ Ending \_\_\_\_\_ Position. \_\_\_\_\_

Wages \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Dates of employment from \_\_\_\_\_ Ending \_\_\_\_\_ Position. \_\_\_\_\_

Wages \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Dates of employment from \_\_\_\_\_ Ending \_\_\_\_\_ Position. \_\_\_\_\_

Wages \_\_\_\_\_ Reason for leaving \_\_\_\_\_

AGREEMENT

I certify that all my answers in this Employment Application are true and complete and may be relied upon by Centerplate. I understand that this Application will remain active ninety (90) days. At the conclusion of that time if I have not heard from Employer, and I still wish to be considered for employment, then it will be necessary to fill out a new Application.

I understand that any false or misleading answer(s) or willful omissions of pertinent information in this Employment Application or any other pre-employment inquiry will be grounds for rejection of my application, or immediate termination if I have become employed.

I authorize the company to investigate and verify my answers and I give the Company Permission to contact previous employers, schools, references, and other in its investigation. I release both the Company and the party providing the information from any liability for this purpose.

The Company provides its employees a DRUG FREE WORKPLACE, and I understand that the Company may require drug and alcohol testing as a condition of employment, or as a condition or continued employment, subject to federal and state laws, and I consent to any such testing

If employed, I will comply with all Company policies and rules found in the employee handbook, Company policy manual, or other communications for the Company.

I understand that the terms and conditions of my employment can be changed with or without cause, at any time by the Company, and that my employment may be ended at any time, for any reason by the Company or by me.

I agree not to use or disclose outside my employment with Company, any confidential information, trade secrets, or proprietary information, whatsoever its form, for any reason, by the Company or by me.

In connection with your application for employment with Centerplate, your social security number will be verified. Centerplate also may obtain a background report about you, which may include, but is not limited to, information regarding your credit standing, driving record, history of criminal convictions, personal characteristics and general reputation

I voluntarily and knowingly authorize, for employment purposes only, Centerplate and its subsidiaries (collectively "Centerplate") to verify my social security number. I also voluntarily and knowingly authorize, for employment purposes only, Centerplate to have Copstat Security, Inc. ("Copstat"), located at 1860 East Tremont Ave, Bronx New York 10460, or another Consumer Reporting Agency, obtain a background report which may include , but is not limited to , information regarding my credit standing, driving record, history of criminal convictions, personal characteristics and general reputation.

*\*\*If you are applying for a position in the cash room, for security or for high level management position you must provide the address for each residence over the past seven years. Use additional paper if necessary.*

\_\_\_\_\_  
Address                      City                      State                      Zip code                      County

\_\_\_\_\_  
Address                      City                      State                      Zip Code                      County

\_\_\_\_\_  
Address                      City                      State                      Zip code                      county

\_\_\_\_\_  
Address                      City                      state                      Zip Code                      County

For California applicants please check the box if you wish to be provided with copy of the background report should one be ordered:

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS:

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**For Internal Use Only**

If applicant is applying for a position in the cash room, for security or for a high level management position, fax this application to Copstat at 718-518-8053. Be sure to include the unit name, e-mail address and phone number of person requesting information.

\_\_\_\_\_  
Unit Name                      Email Address                      Phone Number



## Applicant Self-Identification Form

Government regulations require us to record the number of applicants by race and gender. Please assist us by completing this form. **PROVISION OF THIS INFORMATION IS VOLUNTARY**, Your application for employment will be considered in the same manner whether or not you fill out this form.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Gender: *Please place a check next to the appropriate category.*

MALE  FEMALE

Race/National Origin: Please place a check next to the appropriate. category.

- White
- Black or African American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaskan Native
- Two or more races
- Other \_\_\_\_\_

Please specify

Veteran/Disabled Status:

- I am an individual with a disability.
- I am a special disabled veteran. (A person who is entitled to compensation under laws administered by the Department of Veteran Affairs for a disability)
- I am a veteran of the Vietnam Era, (A person who served an active duty for a period of more than 180 days, and who was discharged or released with other than a dishonorable discharge, if any part of such active duty was *performed*: (A) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (B) between August 5, 1964 and May 7, 1975 in all other cases.)
- I served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.
- I am a recently separated veteran. (Applies to a veteran during the one-year period beginning on the date of *discharge or release*).
- I have received the form and decline to provide the requested, information.

If you have questions regarding completion of this form, please see a recruiter or ask at the desk.

Optional: \_\_\_\_\_  
Signature Date

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