



## **Morrison Food and Nutrition Services**

### **Application Information**

**- Please retain this sheet for future reference -**

Positions for Food and Nutrition Services are staffed through Morrison, a division of the Compass organization.

Please complete the attached application and mail it to:

Morrison  
Attn: Food and Nutrition Services  
1531 Esplanade  
Chico, CA 95926

To follow up on the status of your application or to find out more about specific job openings, please call 530-332-7557.



## APPLICATION FOR EMPLOYMENT

NAME \_\_\_\_\_

POSITION APPLIED FOR FOOD AND NUTRITION

APPLICATION DATE \_\_\_\_\_

EARLIEST DATE AVAILABLE \_\_\_\_\_

MINIMUM SALARY REQUIRED \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

RECOMMENDED BY \_\_\_\_\_ DATE \_\_\_\_\_

*AN EQUAL EMPLOYMENT/AFFIRMATIVE ACTION EMPLOYER  
M/F/D/V*

**Indicate Division of Compass Group USA, Inc. for which you are applying:**

- Bateman
- Chartwells
- Canteen Vending Services
- Compass Group USA (Corporate Office)
- Eurest Dining Services
- FLIK International
- SHRM Catering Service
- Other (Please List) MORRISON

**(Note to Interviewer:** This application form should be kept free of any notes, comments or markings concerning the applicant.)



## EMPLOYMENT HISTORY (List your most recent employer first)

Please complete all of the sections of the Employment History. "See Resume" should **not** be substituted for any section on this application.

EMPLOYER: _____	DATE		DESCRIBE JOB DUTIES BRIEFLY:
	FROM:	TO:	
ADDRESS: _____	MONTH / YEAR	MONTH / YEAR	
TEL. #: _____			REASON FOR LEAVING:
JOB TITLE: _____	HOURLY RATE / SALARY		
	STARTING	FINAL	
SUPERVISOR: _____			MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
TITLE: _____			

  

EMPLOYER: _____	DATE		DESCRIBE JOB DUTIES BRIEFLY:
	FROM:	TO:	
ADDRESS: _____	MONTH / YEAR	MONTH / YEAR	
TEL. #: _____			REASON FOR LEAVING:
JOB TITLE: _____	HOURLY RATE / SALARY		
	STARTING	FINAL	
SUPERVISOR: _____			MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
TITLE: _____			

  

EMPLOYER: _____	DATE		DESCRIBE JOB DUTIES BRIEFLY:
	FROM:	TO:	
ADDRESS: _____	MONTH / YEAR	MONTH / YEAR	
TEL. #: _____			REASON FOR LEAVING:
JOB TITLE: _____	HOURLY RATE / SALARY		
	STARTING	FINAL	
SUPERVISOR: _____			MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
TITLE: _____			

WERE YOU EMPLOYED BY ANY OF THE ABOVE UNDER ANOTHER NAME?  YES  NO

IF YES, PLEASE INDICATE: \_\_\_\_\_

EXPLAIN ANY GAPS IN EMPLOYMENT OF 3 MONTHS OR MORE: \_\_\_\_\_

GIVE ANY INFORMATION THAT YOU BELIEVE WOULD ASSIST US IN CONSIDERING YOU FOR EMPLOYMENT:

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## REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

	NAME	PHONE NO.	ADDRESS	BUSINESS	YRS KNOWN
1.					
2.					
3.					

**PLEASE READ VERY CAREFULLY BEFORE SIGNING BELOW**

I understand that:

The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any facts in my application, resume and any other materials or during any interviews, can be justification for refusal of employment or, if employed, termination from the Company.

I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.

I authorize Compass Group USA, Inc. to use any lawful method, in its sole discretion, it deems reasonable and necessary to determine whether an officer, employee or agent or potential officer, employee or agent has engaged in conduct that would interfere with or adversely affect the business interests of Compass Group USA, Inc., or to determine whether any officer, employee or agent has engaged in conduct warranting disciplinary action. Such investigation may include, but may not be limited to, safety related inquiries, arrest and criminal record inquiries, financial disclosure, finger printing and credit history inquiries.

In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the company and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the company or myself. I further understand that no manager or representative of the company, other than the President has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to any company policy. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.

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Signature

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Date



## TELEPHONE REFERENCE CHECK

Applicant's Name: \_\_\_\_\_

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

Previous Employer Contacted: \_\_\_\_\_

Telephone #:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Person Contacted: \_\_\_\_\_

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

1	Dates of Employment: From: _____ To: _____
2	Position Held: Primary Duties:
3	Classification of Termination: Voluntary ___ Involuntary ___ Reason:
4	How did he/she get along with his/her co-workers?
5	How did he/she get along with those who supervised his/her work?
6	Did he/she supervise the work of others? What was the scope of his/her supervision?
7	What did you feel were his/her strong points?
8	What did you feel were his/her weak points?
9	Assuming that he/she were to re-apply for his/her former position, would you rehire him/her? Yes___ No___ Why Not?  Would you consider rehiring him/her in another capacity? Yes___ No___ In what capacity?

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

Reference Checked By: \_\_\_\_\_