



## **Crothall Services Group Environmental Services / Housekeeping**

### **Application Information**

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

Positions for Housekeeping are staffed through Crothall Services Group, a division of the Compass organization.

Please complete the attached application and mail it to:

Crothall Services Group  
1531 Esplanade  
Chico, CA 95926  
Attn: EVS/Housekeeping

To follow up on the status of your application or to find out more about specific job openings, please call 530-332-5565 or 530-332-7554.



## Application for Employment

**Please print. Answer all questions completely. Only completed applications will be considered.  
You may attach a resume, but complete this application as well.**

Compass Group is an equal opportunity employer and does not discriminate against qualified applicants on the basis of race, color, creed, religion, ancestry, sex, marital status, national origin, disability, handicap, veteran status, sexual orientation, or any other protected status under applicable federal, state, and local law. Compass Group also provides reasonable accommodations to qualified individuals with disabilities in accordance with the Americans With Disabilities Act and applicable state and local law. If you require assistance or a reasonable accommodation in completing these application materials or any aspect of the application process, please contact the on-site unit manager. Please also tell us if you require a reasonable accommodation to perform the duties of the position for which you are applying.

<b>Name</b>			<b>Date of Application</b>	<b>Wage Desired</b>
<b>Street Address</b>			<b>Telephone</b>	<b>Emergency Contact</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Position of Interest</b>	<b>Date Available for Work</b>

Circle One

Are you willing to work Saturdays, Sundays, and Holidays?    Yes        No

Which do you want to work?                      Full-time        Part-time

If part-time, specify the days/hours you are available to work. \_\_\_\_\_

Are you under 18 years old?    Yes        No                      If Yes, can you produce a work permit if hired?        Yes        No

Are you legally eligible for employment in the United States?        Yes        No  
**\*\*If offered a position, the Immigration and Naturalization Act of 1986 requires you to furnish proof of your employment authorization and identity before you begin work.**

Can you perform the essential job functions of this position with or without a reasonable accommodation?    Yes        No

### *Employment Record*

Starting with your most recent or present employer, list all previous employers. Include self-employment, summer, and part-time jobs. If more space is required, please continue on a separate sheet. *Circle the name of any employer or supervisor you do not wish us to contact at this time.*

Dates Employed	Company Name	Supervisor Name & Telephone Number	Responsibilities	Base Salary / Hourly Wage	Reason for Leaving

If employed under another name, indicate that name here: \_\_\_\_\_



If Yes, list dates of employment: \_\_\_\_\_ Location: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Position: \_\_\_\_\_ Sector Name: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

List any relatives working with Compass Group or its subsidiaries: \_\_\_\_\_

How were you referred to Compass Group? (Indicate name of employee, if applicable). \_\_\_\_\_

### *Educational History*

School Name	Location (City, State)	Major Course or Subject	Graduated (Yes/No)	Degree
High School				
Technical/Trade School				
College				
Other Education/Training				

### *Professional/Work References*

Name	Title/Relationship	Full Address	Telephone Number	Occupation

#### Circle One

May we contact your present employer? Yes No\*\*

\*\*Please note that unless you answer “no” to the question above, we reserve the right to contact your current employer after you accept a conditional offer of employment.



**APPLICANT’S AUTHORIZATION**  
**(Read carefully before signing)**

I understand that:

The information that I have provided in this application is true, correct, and complete to the best of my knowledge. I understand any falsification, misrepresentation, or omission of any facts in my application, resume, or any other materials or during any interviews, can be justification for denial of employment or, if employed, termination from the Company. I acknowledge and agree that I am not a party to an agreement with another person, company, or entity that restricts in any manner my ability to work for Compass Group, perform the duties and responsibilities of my position, or to otherwise perform any services for Compass Group.

A physical examination may be required of job applicants to verify fitness to work after a job offer is extended but prior to beginning work. The results of such an examination may be cause for withdrawal of the employment offer. I understand that the results of any such examination will be kept confidential in a file separate from my personnel file, and will only be used for purposes consistent with the Americans With Disabilities Act and any other applicable law.

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 current or past 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 to use any lawful method, in its sole discretion, it deems reasonable and necessary to determine whether I have engaged in conduct that would interfere with or adversely affect the business interests of Compass Group, or to determine whether I have engaged in conduct warranting disciplinary action. Such a determination involves the use of background checks which may include, without limitation, safety-related inquiries, motor vehicle records checks, arrest and criminal record inquiries, drug testing, financial disclosures, fingerprinting, and credit history inquiries. I understand that I will be required to sign a separate consent and authorization for such background check inquiries to be run on me. I further authorize Compass Group to transmit and communicate by lawful methods information that I provide as part of this application, and which Compass Group acquires during my employment, to third parties when reasonably necessary for the completion of legitimate business purposes.

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 senior leadership, 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 a member of the Company’s senior leadership.

I understand that the statements in this Application and Authorization do not constitute a contract, express or implied, between Compass Group and me. I further understand that if I am hired by Compass Group that my employment will be at-will unless I am in a lawfully recognized bargaining unit. This means my employment is not for a fixed duration, and that I can choose to end my employment at any time or be terminated by Compass Group at any time for any reason not otherwise prohibited by law, with or without notice or cause.

*(continued on next page)*



I also understand that if I am hired by Compass Group, I must comply with the lawful requirements for access to the property where I am assigned to work as set and enforced by the property owner or lessee. If the property owner or lessee lawfully denies me access to that property at anytime during my employment with Compass Group, I understand that I will be removed from any continuing work opportunities at that location and that I may also be denied work opportunities at other Compass Group locations until the issue(s) related to access denial has been resolved. I understand and acknowledge that it is my responsibility to cooperate with the Company as it reviews the reasons related to my inaccessibility to a work location. Any associate who fails to cooperate with the Company or otherwise resolve an issue related to property access in a timely manner will be subject to termination on the basis of job abandonment or other reason as appropriate under the circumstances.

Compass Group is also required by law to notify certain applicants that:

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

**UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



## **VOLUNTARY SELF-IDENTIFICATION FORM SURVEY**

For statistical reporting we ask that you voluntarily provide the information below.

This voluntary survey assists us in complying with government recordkeeping, reporting, and other legal requirements. Government agencies require periodic reports on the sex and race of employees, under certain circumstances. We make periodic reports to the federal government regarding the data below. Your completion of this Voluntary Survey is optional. If you choose to volunteer the requested information, please note that this form is kept in a Confidential File and is not a part of your personnel file.

**YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

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

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

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

Job Title: \_\_\_\_\_

Check one:     Male                       Female

Check one of the following:

- |   |           |   |
|---|-----------|---|
| <input type="checkbox"/> Hispanic or Latino | <b>OR</b> | <input type="checkbox"/> Black or African American (not Hispanic or Latino)                 |
|   |           | <input type="checkbox"/> Two or More Races (not Hispanic or Latino)                         |
|   |           | <input type="checkbox"/> Asian (not Hispanic or Latino)                                     |
|   |           | <input type="checkbox"/> White (not Hispanic or Latino)                                     |
|   |           | <input type="checkbox"/> Native Hawaiian or other Pacific Islander (not Hispanic or Latino) |
|   |           | <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino)         |

Protected Veteran Status: If you believe you belong to any of the categories of protected veterans listed in the definitions attached to and included with this form, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I identify as one or more of the classifications of protected veteran listed in the attached definitions.

I am not a protected veteran.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Compass Group is an equal employment opportunity employer, and we do not discriminate on the basis of race, color, religion, sex, national origin, age, veteran, disability, or any other similarly protected status. This form will be kept confidential and used only in accordance with applicable laws and regulations. When reported to the government in a statistical format, the data will not identify any specific individual. Providing this information is strictly voluntary. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

## Affirmative Action Race/Ethnicity Definitions

**American Indian or Alaskan Native:** A person with origins in any of the original peoples of North America and South America (including Central America) and who maintains cultural identification through tribal affiliation or community attachment.

**Asian:** A person with origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, Japan, Korea, the Philippine Islands, Malaysia, Pakistan, Thailand, and Vietnam.

**Native Hawaiian or other Pacific Islander:** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Black/African-American:** A person, not of Hispanic origin, with origins in any of the black racial groups of Africa.

**White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Two or More Races (Not Hispanic or Latino):** A person who identifies with more than one of the above five races.

**Hispanic or Latino:** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

## Affirmative Action Protected Veteran Status Definitions

**Disabled Veteran:** A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.

**Recently Separated Veteran:** Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

**Active Duty Wartime or Campaign Badge Veteran:** A veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

**Armed Forces Service Medal Veteran:** Any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which and Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.



# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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## Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

## How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

### Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date



# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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## Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.