



## EMPLOYMENT APPLICATION

An Equal Opportunity for all

Please complete the entire form an incomplete application will NOT be considered as a legitimate employment inquiry. All (\*) should be filled

### GENERAL INFORMATION

*POSITION YOU ARE APPLYING FOR _____			
*Last Name _____	* First Name _____	* Middle _____	
Other Names Used _____			
*Present Address (Street & Number) _____	City _____	Prov _____	P.O. Box _____
Previous Address (Street & Number) _____	City _____	Prov _____	P.O. Box _____
*Home Phone _____	*Cell/Mobile Phone _____		*E-mail Address _____
*Desired Type of Employment __ Full-time __ Part-time, __ Temporary		*Can you work on weekends? __ Yes __ No	*Can you work night shifts? __ Yes __ No
		*Can you work Overtime? __ Yes __ No	
*Driver License No/Island _____	*Are you currently eligible to work in the Bahamas? __ Yes __ No		
Will you now or in the future require sponsorship for employment with Sysco Bahamas? __ Yes __ No			
Date Available _____	Salary Requirements If any _____	Date of Birth ____/____/____ (MM) (DD) (YY)	Age _____
*Have you ever been employed at Sysco Bahamas Before? __ Yes __ No		If yes, indicate When _____	
*Have you worked at any other branch of Sysco? __ Yes __ No		If yes, indicate When and Where _____	
How did you hear about Sysco Bahamas?		Social Media _____ Job sites _____ Friends _____ Employee _____	
Do you have any related family working Sysco Bahamas? __ Yes __ No		Please state the name of the Employee and the relationship _____	
Have you ever been discharged or forced to resign from any position? _____ Yes _____ No			
If yes, give details: _____			

### EDUCATION

*Name, Address (City/Country) of School Attended _____				Did you Graduate? __ Yes __ No	Number of Years: _____ Award: _____
*Name & City of College University or Trade School	Course of Study	GPA	Graduated __ Yes __ No	*Award:	*Year of Completion
			__ Yes __ No		
			__ Yes __ No		
			__ Yes __ No		
Are you a licensed or certified member of any profession or trade? __ Yes _____ No					
Kind of License/Certification _____	Certification Number? _____	Country _____	Year _____		

### MILITARY SERVICE

_____ Yes _____ No (If yes, Please Complete below)					
Branch	From (Date)	To (Date)	Rank at Entry	Rank at Discharge	Duties

### WORK SERVICE

**GENERAL INSTRUCTION:** Start with present or last position and work backward. If you were employed in any position under a different name, state position, and the name used. Account for periods of unemployment.

**DRIVER CANDIDATES:** All driver candidates must provide the following information for ALL employers during the preceding 3 years. Any gap in employment must be fully explained below. If you drove a commercial motor vehicle you must also provide an additional 7 years of information of those employers for whom you operated such a vehicle. Show all information accurately and completely. Do Not leave the requested information. Add a separate sheet if necessary.

**EMPLOYMENT HISTORY**

<b>1. Company/Employer Name (Current or Most Recent)</b>		May we contract at this time? ___ Yes ___ No	SALARY & PAY PERIOD	
Street Address			From(Month/Year)	To(Month/Year)
City	P.O. Box	Your Title	Start Pay (\$)	Current/Final Pay (\$)
Name and Title of Supervisor Name: Phone:		Your Title:		
Reason for leaving / Wanting to leave:		Job Duties:		
Were you subjected to Road traffic Regulations while employed there? ___ Yes ___ No				
Were you subjected to the drug and alcohol testing requirements? ___ Yes ___ No				
<b>2. Company/Employer Name (Current or Most Recent)</b>		May we contract at this time? ___ Yes ___ No	SALARY & PAY PERIOD	
Street Address			From(Month/Year)	To(Month/Year)
City	P.O. Box	Your Title	Start Pay (\$)	Current/Final Pay (\$)
Name and Title of Supervisor Name: Phone:		Your Title:		
Reason for leaving / Wanting to leave:		Job Duties:		
Were you subjected to Road traffic Regulations while employed there? ___ Yes ___ No				
Were you subjected to the drug and alcohol testing requirements? ___ Yes ___ No				
<b>3. Company/Employer Name (Current or Most Recent)</b>		May we contract at this time? ___ Yes ___ No	SALARY & PAY PERIOD	
Street Address			From(Month/Year)	To(Month/Year)
City	P.O. Box	Your Title	Start Pay (\$)	Current/Final Pay (\$)
Name and Title of Supervisor Name: Phone:		Your Title:		
Reason for leaving / Wanting to leave:		Job Duties:		
Were you subjected to Road traffic Regulations while employed there? ___ Yes ___ No				
Were you subjected to the drug and alcohol testing requirements? ___ Yes ___ No				
<b>4. Company/Employer Name (Current or Most Recent)</b>		May we contract at this time? ___ Yes ___ No	SALARY & PAY PERIOD	
Street Address			From(Month/Year)	To(Month/Year)
City	P.O. Box	Your Title	Start Pay (\$)	Current/Final Pay (\$)
Name and Title of Supervisor Name: Phone:		Your Title:		
Reason for leaving / Wanting to leave:		Job Duties:		
Were you subjected to Road traffic Regulations while employed there? ___ Yes ___ No				
Were you subjected to the drug and alcohol testing requirements? ___ Yes ___ No				

**GAP: Any gap in employment must be fully explained**

DATES	ACTIVITY

**SKILLS SUMMARY**

List the qualities and skills you possess that will qualify in performing the functions of this job:
Software:
Others:

**REFERENCES:** List individuals who can attest to your work performance. (state at least three References)

Name: Contact Number: Relationship to the individual:	Company/Graduate: Address: Email:
Name: Contact Number: Relationship to the individual:	Company/Graduate: Address: Email:
Name: Contact Number: Relationship to the individual:	Company/Graduate: Address: Email:

**IN CASE OF EMERGENCY NOTIFY:**

Name: _____	Relationship: _____	Phone: _____ Phone: _____
Some duties require the given question: (the question given in any way to discriminate the applicant) Do you have any pre-existing Mental/physical illness that further prevents you from working? ____ Yes _____ No	If yes, please state the nature _____ _____	Required Facility: _____ _____
Contact In case of Emergency	Name and Relationship _____	Phone: _____ Phone: _____

**CRIMINAL HISTORY INQUIRY:**

Have you been convicted or pled guilty or no contest to a crime within the last five (5) Years? (Do not include convictions that were expunged according to the court order. _____ Yes _____ No
Please explain any "yes" Answer (Nature and Date of Offense). Use Additional paper if necessary.

## ACKNOWLEDGEMENT AND CONSENT

My electronic submission and /or signature below of this application certify/certifies that:

- I understand that this application and any attachment are the property of Sysco Bahamas intitled (Hereinafter called the "Company").
- I understand that it is the policy of the company to implement alternatively equal opportunity to all qualified employees and applicants for employment without regard to race age, gender, sexual orientation, religion, disability, national origin or military status, or any other categories or classifications protected by law, and positive action shall be taken to insure the fulfillment of this policy.
- I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the commonwealth of the Bahamas.
- I understand that an investigation may be obtained, concerning my work habits, education, character, general reputation, personal characteristics, mode of living, judgments, motor vehicle records, and criminal history. Such information may be obtained by direct or indirect contact from former employers, schools, financial institutions, landlords, public agencies as well as through personal interviews with my neighbors, friends, associate acquaintances, or other persons who may have such knowledge. To the extent that the service of a reporting agency is utilized to verify the information I have provided on any employment application, I will receive a separate "DISCLOSURE AND AUTHORIZATION FORM" Before the verification of such information.
- I authorize any the persons or organizations referenced in this application to give you any information concerning my previous employment, education, or any other information they might have, personal or otherwise, about any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you.
- I certify that this application was completed by me and that all of the information furnished on this application and during the application process is true, complete, and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire, or if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.
- I recognized that this employment application is not an offer of an employment agreement that if I am hired by the company, I will be an at-will employee, meaning that either the company or I may end the employment relationship at any time with or without cause or notice. I understand that only the company president and no manager supervisor or representative of the company has the authority to enter into any agreement for employment for any specified of time or to make any agreement contrary to the at-will employment relationship and with respect to the company president, any such agreements must be made in writing.
- I further understand and agree, except for employment-at-will status, If hired, my wages, hours, working conditions, job assignments(s), and compensation rate(s) will be subject to change by the company.
- I understand that this application will only be considered for the specific position for which I am applying, I wish to be considered for another position, I must complete a separate application for that position.
- I agree to be bound by the terms and conditions stated in this application, which contains all the understanding between the company and me concerning the topics addressed herein, and supersedes and prior inconsistent understanding between the company and me on such issues.

**SIGNED BY:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Interviewed by: _____		
Date of interview: _____	Hired: _____ yes _____ No	
Salary (\$) _____	Start Date: _____	
Approved By: _____		
Director of HR	Department Head	Date
_____ President	_____ Date	

### SUBMITTING YOUR APPLICATION

Once completed, please click the button below to submit your application to our Human Resources Department.

[SUBMIT MY APPLICATION](#)