

**CRIMINAL HISTORY DISCLOSURE FORM**  TO BE COMPLETED ALONG WITH THE BACKGROUND

FOR Non-Profit Organization Volunteers **I**NVESTIGATION DISCLOSURE AND AUTHORIZATION NOTICE

**Any criminal history disclosed on this form will be reviewed and evaluated by Aramark in determining whether to permit an individual to volunteer for a Non-Profit Organization (“NPO”) at one of Aramark’s operating locations. In making its determination, Aramark will consider the nature and seriousness of the offense, the time that has passed since the conviction and/or completion of the sentence, and any other factors Aramark deems relevant to the role of a volunteer for an NPO. Aramark’s determination as to a potential volunteer shall be final.**

1. **Have you been convicted, pled “guilty” or “no contest” or otherwise admitted guilt (including participation in a first time offender program) as an adult to any felony or misdemeanor? (Please answer “No” with respect to any criminal records that have been sealed or expunged.)\***

🞎 Yes 🞎 No

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| --- | --- |
| \*If you are seeking to volunteer in the States of **California**, **Hawaii**, **Massachusetts**, **Ohio** or **Washington or in the City of Newark, New Jersey**, any conviction, guilty or “no contest” plea or other admission of guilt for the following offenses does **not** constitute a criminal record (for purposes of this document) and should **not** be reported in response to this question: | |
| **California** | (a) any conviction, guilty or “no contest” plea or other admission of guilt related to marijuana that occurred more than 2 years ago; or (b) an offense for which you were referred to and participated in a pre-trial or post-trial diversion program |
| **Hawaii** | any conviction, guilty or “no contest” plea or other admission of guilt that occurred more than 10 years ago unless you were released from prison less than 10 years ago |
| **Massachusetts** | (a) any misdemeanor conviction, guilty or “no contest” plea or other admission of guilt that occurred more than 5 years ago unless you were released from prison less than 5 years ago; or (b) any misdemeanor for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace |
| **Ohio** | any misdemeanor involving marijuana where the amount of marijuana involved is less than 100 grams, the amount of marijuana resin, or extraction or preparation of such resin is less than five grams, or the amount of such resin in a liquid concentrate, liquid extract, or liquid distillate form is less than one gram |
| **Washington** | any conviction, guilty or “no contest” plea or other admission of guilt that occurred more than 10 years ago unless you were released from prison less than 10 years ago |
| **Newark,**  **New Jersey** | (a) any disorderly persons offense for which you were sentenced (if you were not incarcerated) or released from custody (if you were incarcerated) more than 5 years ago; or (b) any other indictable offense for which you were sentenced (if you were not incarcerated) or released from custody (if you were incarcerated) more than 8 years ago, except convictions for murder, attempted murder, an arson-related offense or a sex offense requiring registry. |

**[Continued on Next Page]**

1. **If you answered Yes to Question #1, you must provide the following information for each conviction, guilty or “no contest” plea or other admission of guilt for which you answered Yes: (An asterisk (\*) means the information is required.) (Additional pages may be attached as necessary.)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Crime\*** | **State\*** | **County\*** | **Court**  **(State or Federal)**\* | **Date of Conviction**  **(Month and Year)\*** | **Name Used\*** | **Sentence\*** | **Case Number** | **Charge Level (Felony or Misdemeanor)\*** |
|  |  |  |  |  |  |  |  |  |

By signing below, I certify that the information provided above is true, complete and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation or omission of the requested information may be justification for Aramark to decline to allow me to volunteer for an NPO at one of Aramark’s operating locations.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full Legal Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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