



# APPLICATION FOR EMPLOYMENT PRE-EMPLOYMENT QUESTIONNAIRE AN EQUAL OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

**PLEASE PRINT**

NAME:		DATE OF APPLICATION:	
PRESENT ADDRESS:		CITY, STATE, ZIP:	
HOME PHONE NUMBER:		CELL PHONE NUMBER:	
E-MAIL ADDRESS:	FACE BOOK ADDRESS:	ARE YOU A U. S. CITIZEN?	
POSITION YOU ARE APPLYING FOR:	DATE YOU CAN START:	SALARY:	
CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB YOU ARE APPLYING FOR WITH OR WITHOUT ACCOMMODATION(S)?			
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, do you have proof of your eligibility to work?			
ARE YOU EMPLOYED NOW?	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?		
ARE YOU RELATED TO ANYONE WORKING WITH THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, who?			
HOW DID YOU HEAR ABOUT THIS POSITION? <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> RELATIVE <input type="checkbox"/> FRIEND <input type="checkbox"/> INQUIRY <input type="checkbox"/> OTHER: _____			
CAN YOU TRAVEL IF A JOB REQUIRES IT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DO YOU HAVE RELIABLE TRANSPORTATION TO GET TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO			

## EDUCATION

HIGH SCHOOL NAME & ADDRESS:		DID YOU GRADUATE?	
COLLEGE NAME & ADDRESS:		DID YOU GRADUATE?	SUBJECT/S STUDIED?
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL—ADDRESS:		DID YOU GRADUATE?	SUBJECT/S STUDIED?

## GENERAL

SPECIAL SKILLS:	
<input type="checkbox"/> COMPUTER <input type="checkbox"/> WORD <input type="checkbox"/> EXCEL <input type="checkbox"/> PUBLISHER <input type="checkbox"/> TYPEWRITER: _____ WPM <input type="checkbox"/> FORKLIFT <input type="checkbox"/> CDL LICENSE	

**FORMER EMPLOYERS: STARTING WITH MOST RECENT**

NAME OF COMPANY:			
ADDRESS:		CITY, STATE, ZIP:	
PHONE NUMBER:		NAME OF SUPERVISOR:	
POSITION:	STARTING DATE:	LEAVING DATE:	SALARY:
DESCRIPTION OF WORK:			
REASON FOR LEAVING?			

NAME OF COMPANY:			
ADDRESS:		CITY, STATE, ZIP:	
PHONE NUMBER:		NAME OF SUPERVISOR:	
POSITION:	STARTING DATE:	LEAVING DATE:	SALARY:
DESCRIPTION OF WORK:			
REASON FOR LEAVING?			

NAME OF COMPANY:			
ADDRESS:		CITY, STATE, ZIP:	
PHONE NUMBER:		NAME OF SUPERVISOR:	
POSITION:	STARTING DATE:	LEAVING DATE:	SALARY:
DESCRIPTION OF WORK:			
REASON FOR LEAVING?			

**REFERENCES: Below give names of three persons you are not related to, whom you've known at least 1 year**

NAME:	PHONE #:	YEARS. KNOWN:
NAME:	PHONE #:	YEARS. KNOWN:
NAME:	PHONE #:	YEARS. KNOWN:

**SERVICE RECORD**

BRANCH OF SERVICE:
DISCHARGE DATE & RANK:

**ADDITIONAL INFORMATION**

HAVE YOU BEEN CONVICTED OF A FELONY IN THE PAST 5 YEARS?
IF YES, EXPLAIN (will not necessarily exclude you from consideration):

**PLEASE FILL OUT FOR A WAREHOUSE & DRIVERS POSITION ONLY**

1. A pallet of product has 8 layers of cases with 14 cases per layer; How many total cases are on the pallet? _____
2. A pallet of product has 6 layers of cases with 12 cases per layer; How many total cases are on the pallet? _____
3. A truck has 22 pallets of product, with 7 layers per pallet and 5 cases per layer; What is the total number of cases receive on the truckload? _____

**PLEASE FILL OUT FOR A TRUCK DRIVER'S POSITION ONLY**

I \_\_\_\_\_ have applied for employment with the Coastal Bend Food Bank, Inc., and as part of the employment application process I am giving consent to authorize the Coastal Bend Food Bank, Inc., to receive copies of my driving record, criminal backgrounds and work history. Please provide the copies of the records needed by them.

\_\_\_\_\_ Date of Birth                      \_\_\_\_\_ Drivers License Number                      \_\_\_\_\_ State of Drivers License

\_\_\_\_\_ Sign    \_\_\_\_\_ Date

**AUTHORIZATION:**

“I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE AND I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I UNDERSTAND AND ACKNOWLEDGE THAT UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THE COASTAL BEND FOOD BANK IS AN “AT WILL” EMPLOYMENT. I UNDERSTAND THAT THIS MEANS I AM FREE TO RESIGN AT ANY TIME WITH OR WITHOUT REASON AND THE FOOD BANK ALSO RETAINS THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT NOTICE. I FURTHER UNDERSTAND THAT ONLY THE EXECUTIVE DIRECTOR HAS AUTHORITY TO ENTER INTO A CONTRACT FOR EMPLOYMENT WITH ANY EMPLOYEE FOR A PERIOD LONGER THAN ONE PAY PERIOD ON THE FOOD BANK’S BEHALF.

I ALSO UNDERSTAND THAT THE COASTAL BEND FOOD BANK, INC. DOES RANDOM DRUG TESTS ON ALL THEIR EMPLOYEES. I ALSO UNDERSTAND THAT I WILL HAVE TO DO A DRUG TEST AND HAVE A BACKGROUND CHECK DONE BEFORE GETTING HIRED WHICH I DO GIVE MY PERMISSION TO DO.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**DO NOT WRITE BELOW. FOR INTERVIEWER’S USE ONLY**

REMARKS:

ARRANGE INTERVIEW: \_\_\_\_\_ YES \_\_\_\_\_ NO

**FIRST INTERVIEW:**

INTERVIEWED BY:

DATE:

COMMENTS:

SECOND INTERVIEW? \_\_\_\_\_ YES \_\_\_\_\_ NO

**SECOND INTERVIEW:**

INTERVIEWED BY:

DATE:

COMMENTS:

**RESULTS:**

WAS APPLICANT HIRED?

IF YES, FOR WHAT POSITION:

SALARY OR HOURLY WAGE:

BEGINS WORK ON: