



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 OR PLEAD GUILTY TO A FELONY OR MISDEMEANOR?
IF YES, EXPLAIN (will not necessarily exclude you from consideration):

PLEASE FILL OUT FOR A WAREHOUSE & DRIVERS POSITION ONLY

<p>1. A pallet of product has 8 layers of cases with 14 cases per layer; How many total cases are on the pallet? _____</p> <p>2. A pallet of product has 6 layers of cases with 12 cases per layer; How many total cases are on the pallet? _____</p> <p>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? _____</p>
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PLEASE FILL OUT FOR A TRUCK DRIVER'S POSITION ONLY

<p>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.</p>		
_____	_____	_____
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 PRE-EMPLOYMENT DRUG SCREENS AND RANDOM DRUG TESTS ON ALL THEIR EMPLOYEES. I ALSO UNDERSTAND THAT I WILL HAVE TO SUBMIT TO A CRIMINAL BACKGROUND CHECK AND MOTOR VEHICLE REPORT (IF APPLICABLE) BEFORE GETTING HIRED. I AUTHORIZE THE COASTAL BEND FOOD BANK TO CONDUCT THE PRE-EMPLOYMENT TESTS AND CHECKS.

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: