

Treasure Coast Food Bank

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

Application will remain
active for 30 days.

APPLICATION FOR EMPLOYMENT

The TCFB is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, national origin, citizenship, age, disability or any other legally protected classification. We assure you that your opportunity for employment with TCFB depends solely on your qualifications.

PLEASE COMPLETE PAGES 1-5. DATE _____

Name _____
Last First Middle

Present address _____
Number Street City State Zip

How long? _____

Previous address _____
Number Street City State Zip

How long? _____ Telephone () _____

Have you obtained employment by TCFB before? Yes No If yes, when? _____

Are you 18 years or older? Yes No Are you a U.S. citizen or legally authorized to work in the U.S.? Yes No

Position(s) applied for _____ Have you used any other names? (Please list):

 (Be specific)

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

Salary desired: _____ per HOUR MONTH YEAR

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Awards and Honors: _____

(For Driving Positions)

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes No Operator Commercial (CDL) Chauffeur

Have you had any moving violations during the past three years? Yes No If yes, how many? _____

Have you had any accidents during the past three years? Yes No If yes, how many? _____

Do you have any impairments that prevent you from driving a vehicle? Yes No Type: _____

Has your license ever been suspended or revoked? Yes No Reason: _____

Have you ever been declined auto insurance coverage or cancelled? Yes No Reason: _____

Have you been convicted of, plead guilty, had adjudication withheld, pled nolo contendere or nolle prosequi to a crime? If yes, please explain. (State, date, court, type of crime, place of occurrence, disposition) YES or NO

Are you currently awaiting trial, sentencing or other disposition of a criminal charge? YES or NO

Note: Conviction of a crime will not necessarily disqualify you for employment. Each conviction will be judged on its merit and with respect to time and job relatedness.

SKILLS

Typing Yes No
_____ WPM

10 key Yes No

Word Processing Yes No
_____ WPM

Personal Computer Yes No
PC Mac

Other Skills _____

Please list two references other than relatives or previous employers.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone _____ Telephone _____

An application sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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MILITARY
HAVE YOU EVER BEEN IN THE ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, highest rank: _____
ARE YOU NOW A MEMBER OF THE ACTIVE RESERVES? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your obligation? _____
Specialty _____ Date Entered _____ Discharge Date _____
Type of discharge: _____ If other than honorable, please explain: _____

Work Experience Please list your work experience, beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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		To	Final
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		From	Start
		To	Final
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Reason for leaving (be specific)			
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Do you have any relatives that work for TCFB? Yes No If yes, who? _____

Do you have any friends that work for TCFB? Yes No If yes, who? _____

PLEASE READ CAREFULLY BEFORE SIGNING

CERTIFICATION AND AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statement on this application shall be grounds for dismissal.

I hereby authorize the Treasure Coast Food Bank ("TCFB") to thoroughly investigate my references, credit history, employment records, conviction record and other matter related to my suitability for employment and hereby release the TCFB from any and all claims, demands, and liabilities arising out of or released to such investigation or disclosure.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice or reason. If employed, I understand that the TCFB may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I also understand that (1) the TCFB has a drug and alcohol policy that may require pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ Date: _____

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Thank you for completing this application form and for your interest in our business.

HR USE ONLY

HIRE DATE _____ TITLE _____ GRADE _____ SALARY _____

DEPARTMENT _____ TYPING TEST SCORE _____