



5451 Wayne Road
 PO Box 408
 Phone: 269-964-3663 Fax: 269-966-4147

Application for Employment

The Food Bank of South Central Michigan is an equal opportunity employer and does not discriminate on the basis of race, color, religion, national origin or citizenship status, gender, sexual orientation, marital status, familial status, age, veteran status, mental or physical disability or any status protected under applicable law in any terms or conditions of employment.			
PERSONAL INFORMATION: (Required)			
Full Legal Name:	Other Names:	Date of Application:	
Address:	City:		
County:	State/Zip:		
Primary Telephone Number:	Secondary Telephone Number:		
Type:	Type:		
Desired Position:	Full Time <input type="radio"/> Part Time <input type="radio"/>		
Desired Pay Rate or Salary:	Temporary <input type="radio"/> On-Call <input type="radio"/>		
Please note any hours or days of the week that you are unable to work:	Are you at least 18 years of age?	Yes	No
Date Available :	If no, do you have a valid work permit?	Yes	No
If hired, can you provide proof that you are legally authorized to work in the United States?		Yes	No
<i>NOTE: If offered employment, you must complete the I-9 Form required by the U.S. Citizenship and Immigration Service no later than three business days after date of hire.</i>			
Can you perform the essential functions of the job as described in the job description with or without accommodation?		Yes	No
Have you previously worked at Food Bank of South Central Michigan?		Yes	No
If yes, please list position(s) and date(s):			
How did you hear about this position?			

Do you have transportation to work?	Yes	No
Do you hold a valid driver's license?	Yes	No
License # and exp. date:		
Do you have an automobile available to use on FBSCM business if requested?	Yes	No
Do you have auto liability insurance (for positions requiring use of their vehicle)?	Yes	No

EDUCATION INFORMATION: (Required)

School	Name / Address of School (City, State)	Did You Graduate?	Course of Study / Diploma / Degree
High School		Yes No	
Undergraduate College		Yes No	
Graduate/ Professional		Yes No	
Certifications / Continued Learning/Other (please specify)		Yes No	

Scholastic honors (list below):

Computer operating system and software application proficiency (list below):

EMPLOYMENT INFORMATION: Start with your most recent position and provide details for at least the past 10 years of employment if available. Completing this section is required and FBSCM reserves the right to contact any and all of these employers. (Additional pages are available if needed.)

Employer	Dates Employed: From To	Work Performed
Address		
Telephone		
Starting Job Title		Starting Rate/Salary
Present Job Title		Final Rate/Salary
Manager's Name		
Reason for Leaving		

EMPLOYMENT CONTINUED:

Employer	Dates Employed: From To	Work Performed
Address		
Telephone		
Job Title	Hourly Rate/Salary	
Manager's Name		
Reason for Leaving		

Employer	Dates Employed: From To	Work Performed
Address		
Telephone		
Job Title	Hourly Rate/Salary	
Manager's Name		
Reason for Leaving		

It is FBCSM policy to check references, please initial if you do not wish your current employer contacted: _____

Describe any specialized skills, training, internships or other employment history:

UNITED STATES MILITARY SERVICE: (Complete if Applicable)

Branch:	
Period of service:	
Position (s) held:	
Was separation for any reason other than an honorable discharge? If yes, please explain:	Honors:

REFERENCES:				
List three references, who are not family or close friends, qualified to evaluate your education and/or work experience:				
Name	Relationship	Business or Organization	Telephone & Email Address	
1.			() Email:	
2.			() Email:	
3.			() Email:	
Have you been convicted of a felony in the last 5 years- excluding traffic violations that did not result in the loss of a license? <i>(A conviction will not necessarily be a bar to employment.)</i>			Yes	No
If you answered "Yes", please describe the nature of the offense(s), the date of the conviction(s), and the jurisdiction in which the conviction(s) occurred.				
Applicant's Statement:				
<ol style="list-style-type: none"> I certify the statements which I have made in this application are true and accurate and that I have read, understand and agree to all provisions in this application. I understand that any misrepresentation or material omission in this application or violation of any provisions contained herein will be sufficient cause for disqualification from further consideration or immediate dismissal from employment. I authorize Food Bank of South Central Michigan to use the information contained in this application form or in my personnel file to contact my previous employers, educational institutions or any other persons or entities referenced in this application about my qualifications and suitability for employment, and I authorize them to provide any and all information they may have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing the same. I release Food Bank of South Central Michigan and its agents and employees from any and all liability that might result from investigating my application for employment. I certify that at the time of employment, I am authorized to work in the United States. I understand an offer of employment may be contingent upon submitting to and passing a drug screen and a background check, including a criminal history check, verification of previous employment dates and degree verification where applicable. I understand and acknowledge that any employment relationship with Food Bank of South Central Michigan is of an "at-will" nature. This means I may resign at any time with or without notice or cause, and Food Bank of South Central Michigan may terminate my employment and related compensation at any time with or without notice or cause. I further understand no interviewer or any other representative of Food Bank of South Central Michigan, other than the Executive Director in writing, has any authority to enter into any agreement for employment for any specified duration or period of time, or to otherwise alter the "at-will" nature of my employment. I understand that acceptance of an offer of employment does not create a contractual obligation by Food Bank of South Central Michigan to continue to employ me in the future, or for any definite period of time. I agree to conform to the rules and policies of Food Bank of South Central Michigan for as long as an employment relationship may continue. 				

Applicant Signature

Date

DRIVER CANDIDATES ONLY PLEASE COMPLETE THESE PAGES

ACCIDENT RECORD FOR PAST 3 YEARS If none, write "None"				
	Date	Nature of Accident	Fatalities	Injury
Last Accident				
Next Previous				
Next Previous				
TRAFFIC CONVICTIONS & FORFEITURES FOR PAST 3 YEARS If none, write "None"				
	Location	Date	Charge	Penalty
Last Conviction				
Next Previous				
Next Previous				
EXPERIENCE & QUALIFICATIONS Valid licenses currently held				
	State	License Number	Type	Exp. date
First License				
Additional License				
Additional License				
DRIVING EXPERIENCE Type of equipment & approximate miles/hours driven				
Class	Type (Van, Tank, Flat, etc)	Dates		Miles
		From	To	
Straight Truck				
Tractor/Trailer				
Doubles				
Bus				
Other				

Drivers only fill in date of birth:

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ___ No ___

Has any license, permit or privilege ever been suspended or revoked? Yes ___ No ___

LIST STATES LICENSED IN FOR PAST 5 YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

Part of the hiring process will include testing for both alcohol and controlled substances. If you wish to complete the application process you must be willing to participate in such testing. You will be asked to consent at the time of the test.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize Food Bank of South Central Michigan permission to contact my former employers for the purpose of fulfilling the requirements of Federal Motor Carrier Safety Regulations (FMCSR) and obtaining references. I further authorize Food Bank of South Central Michigan to make any such additional inquiries beyond the FMCSR minimum requirements that are necessary to qualify this application. I do hereby release Food Bank of South Central Michigan, and any or my former employers from any and all liability which may result from obtaining and/or furnishing such information.

Signature: _____

Date: _____