



5451 Wayne Road  
 Battle Creek, MI 49037  
 Phone: 269-964-3663 Fax: 269-966-4147

## Application for Employment

South Michigan Food Bank 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.			
<b>PERSONAL INFORMATION: (Required)</b>			
Full Legal Name:	Other Names:	Date of Application:	
Address:	City:		
County:	State/Zip:		
Primary Telephone Number: Type:	Secondary Telephone Number: 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 South Michigan Food Bank?		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 SMFB 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			
Undergraduate College			
Graduate/ Professional			
Certifications / Continued Learning/Other (please specify)			

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 SMFB 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 SMFB 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.			
2.			
3.			
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.			
<p><b>Applicant's Statement:</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>I authorize South Michigan Food Bank 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 South Michigan Food Bank and its agents and employees from any and all liability that might result from investigating my application for employment.</li> <li>I certify that at the time of employment, I am authorized to work in the United States.</li> <li>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.</li> <li>I understand and acknowledge that any employment relationship with South Michigan Food Bank is of an "at-will" nature. This means I may resign at any time with or without notice or cause, and South Michigan Food Bank 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 South Michigan Food Bank, 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 South Michigan Food Bank 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 South Michigan Food Bank for as long as an employment relationship may continue.</li> </ol>			

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 South Michigan Food Bank 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 South Michigan Food Bank to make any such additional inquiries beyond the FMCSR minimum requirements that are necessary to qualify this application. I do hereby release South Michigan Food Bank, and any or my former employers from any and all liability which may result from obtaining and/or furnishing such information.

Signature: \_\_\_\_\_

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