



# South Texas Food Bank

## Application for Employment

This organization is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability or political belief.

Date	
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<b>Name</b>	First _____ Middle _____ Last _____	<b>Phone Number</b>	
<b>Current Address</b>	Street _____	<b>Phone Number</b>	
	City _____ State _____ Zip _____	<b>Email Address</b>	
<b>Driver's License #</b>	_____ type _____	<b>Social Security</b>	

Are you a U.S. Citizen, U.S. National, lawful permanent resident, lawful temporary resident or application therefore, asylee, or refugee? (The term "lawful temporary resident" does not refer to non-immigrants holding short-term Visas issued by the U.S. Consulates abroad, such as B, F or H-1B Visas)

If No, please state your current non-immigrant status:  
 If No, please provide the date when this status expires, if any


### Employment Desired

<b>Position Applying for</b>	
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Full Time ?  
 Part Time ?

Are there any hours, shifts or days you will not work?  YES  NO ... Specify >

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How did you hear about this opening?

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Have you ever applied for employment here?

YES .... If yes, when >  
 NO

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Have you ever been employed by us?

YES .... If yes, when >  
 NO

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Do you have any traffic violations, including DUI, in the last 7 years?

YES  NO

Have you ever been convicted of a felony?

If yes, please describe conditions


Are you over the age of 18?

YES  NO

Can you legally work in the U.S.?

YES  NO

# Employment History

(Start with the most recent)

Company Name				Telephone Number		
Address				Name of Supervisor		
Date Started		Starting Wage		Starting Position		
Date Ended		Ending Wage		Ending Position		
May we contact your employer? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Responsibilities						
Reason for leaving						

Company Name				Telephone Number		
Address				Name of Supervisor		
Date Started		Starting Wage		Starting Position		
Date Ended		Ending Wage		Ending Position		
May we contact your employer? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Responsibilities						
Reason for leaving						

Company Name				Telephone Number		
Address				Name of Supervisor		
Date Started		Starting Wage		Starting Position		
Date Ended		Ending Wage		Ending Position		
May we contact your employer? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Responsibilities						
Reason for leaving						

Are you presently employed?  YES  NO

May we contact your present employer?

If No, please identify any reasons  
or exceptions for not contacting

Date you can  
start work

Desired Starting  
Salary

Do you have any friends or relatives who work here?

Name		Relationship	
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Name		Relationship	
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### Education

	Name of School and Location	Years Completed	Major	Degree
High School				
College				
Vocational				
Other				

In addition to your work  
history, are there other  
skills, qualifications or  
experience, scholastic  
honors, etc that we  
should consider?

## Personal References

List three personal references, not related to you, who have known you for more than one year.

Name		Phone Number		Years Known	
Name		Phone Number		Years Known	
Name		Phone Number		Years Known	

## Emergency Contact

In case of emergency, please notify:

Name		Phone Number		Relationship	
Name		Phone Number		Relationship	
Name		Phone Number		Relationship	

## Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application

I authorize my previous employers, schools or person listed as references to give any information regarding employment or education records. I agree that this organization and my previous employers will not be held liable in any respect if a job offer is not extended or is withdrawn or employment terminated because of false statements, omissions or answers made by myself on this application. In the event of any employment with this organization, I will comply with all rules and regulations set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the South Texas Food Bank a list of the approved documents required.

I understand that employment at this company is "at will", which means that either I or this organization can terminate the employment relationship at any time, with or without prior notice and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Applicant's Signature		Date	
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