

**PLEASE READ THE FOLLOWING BEFORE
COMPLETING OUR APPLICATION FORM**

1. There is no guarantee of a job offer or job interview in completing our application form. Your application will be considered with those of others who have submitted applications, and decisions regarding interviews will be based on this comparison.
2. Our application form must be completely filled out in order for you to be considered for employment.
3. If the information provided on our application cannot be satisfactorily verified by employment reference checks, your application could be considered incomplete.
4. Applications are filed according to job title. Be as specific as possible in stating the position for which you are applying. "ANY" is not an acceptable response for a position on our application form.
5. Due to the large number of applications we receive and the competitive nature of our employment process, specific reasons for employment decisions will not be released.
6. In completing our application form, you will be subject to an employment reference check from former employers.

I AUTHORIZE MANNA FOODBANK TO OBTAIN RELEASE OF MY DRIVING RECORD.

I AUTHORIZE MANNA FOODBANK TO OBTAIN RELEASE OF ANY CRIMINAL RECORD FROM THE PROPER AUTHORITIES.

I have read and agree with the statements above.

(Signature of applicant)

MANNA FOOD BANK
 627 Swannanoa River Rd.
 Asheville, NC 28805
 828-299-3663; Toll-Free 1-877-299-3663; Fax 828-299-3664

POSITION(S) APPLYING FOR: _____

NAME _____ SOC. SECURITY NUMBER _____
 (LAST) (FIRST) (MI)

PRESENT ADDRESS _____
 (STREET OR P.O.NUMBER) (CITY-STATE-ZIP)

HOME PHONE NUMBER () _____ MESSAGE PHONE NUMBER _____

ARE YOU AT LEAST 18 YEARS OF AGE? _____ IF NOT, STATE DATE OF BIRTH _____

ARE YOU A CITIZEN OF THE UNITED STATES? () YES () NO; HAVE YOU RECEIVED AUTHORIZATION FROM THE UNITED IMMIGRATION AND NATURALIZATION SERVICE TO WORK IN THIS COUNTY? () YES () NO

HAVE YOU BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC OFFENSE? () YES () NO
 IF YES, PLEASE EXPLAIN: _____

EDUCATION

<u>NAME/LOCATION OF SCHOOL</u>	<u>NUMBER OF YRS. COMPLETED</u>	<u>DID YOU GRADUATE?</u>	<u>SUBJECTS STUDIED</u>
ELEMENTARY _____	4 5 6 7 8	_____	_____
HIGH SCHOOL _____	9 10 11 12	_____	_____
COLLEGE _____	1 2 3 4	_____	_____
OTHER _____	_____	_____	_____

EMPLOYMENT HISTORY

1) NAME OF PRESENT OR MOST RECENT EMPLOYER/COMPANY: _____

ADDRESS _____ PHONE NUMBER () _____

EMPLOYMENT DATES: FROM _____ TO _____ POSITION HELD: _____

STARTING PAY RATE \$ _____ PER _____ LEAVING PAY RATE \$ _____ PER _____

DUTIES: _____

REASON FOR LEAVING OR DESIRING TO LEAVE: _____

2) NAME OF SECOND MOST RECENT EMPLOYER/COMPANY: _____

ADDRESS _____ PHONE NUMBER () _____

EMPLOYMENT DATES: FROM _____ TO _____ POSITION HELD: _____

STARTING PAY RATE \$ _____ PER _____ LEAVING PAY RATE \$ _____ PER _____

DUTIES: _____

REASON FOR LEAVING OR DESIRING TO LEAVE: _____

3) NAME OF THIRD MOST RECENT EMPLOYER/COMPANY: _____

ADDRESS _____ PHONE NUMBER () _____

EMPLOYMENT DATES: FROM ____ TO ____ POSITION HELD: _____

STARTING PAY RATE \$ _____ PER _____ LEAVING PAY RATE \$ _____ PER _____

DUTIES: _____

REASON FOR LEAVING OR DESIRING TO LEAVE: _____

4) PLEASE LIST ANY ADDITIONAL OR SPECIAL SKILLS YOU POSSESS, OR ANY TRAINING YOU'VE HAD, THAT MIGHT BE OF USE TO YOU IN THE EVENT OF YOUR EMPLOYMENT WITH **MANNA FOOD BANK** _____

MAY WE CONTACT YOUR CURRENT AND PREVIOUS EMPLOYER(S)? _____

MILITARY HISTORY (COMPLETE THIS SECTION IF YOU HAVE SERVED IN THE U.S. ARMED FORCES)

BRANCH OF SERVICE _____ RANK AT DISCHARGE _____

PERIOD OF ACTIVE DUTY: FROM _____ TO _____ DATE OF FINAL DISCHARGE _____

INTERVIEWS BY APPOINTMENT ONLY

**APPLICATIONS REMAIN IN AN ACTIVE FILE FOR 90 DAYS FROM THE DATE THEY ARE RECEIVED.
AFTER WHICH TIME A NEW APPLICATION MUST BE SUBMITTED**

ALL NEW EMPLOYEES MUST COMPLETE A 90 DAY PROBATIONARY PERIOD OF EMPLOYMENT

MANNA FOOD BANK DOES NOT DISCRIMINATE IN HIRING ON THE BASIS OF RACE, COLOR, RELIGIOUS CREED, NATIONAL ORIGIN, SEX, AGE OR DISABILITY. NO QUESTION ON THIS APPLICATION IS INTENDED TO SECURE INFORMATION TO BE USED FOR SUCH DISCRIMINATION

MY SIGNATURE BELOW CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES AND INFORMATION CONTAINED WITHIN ARE TRUE AND ACCURATE AND WITHOUT SIGNIFICANT OMISSIONS TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE YOU TO MAKE SUCH INVESTIGATIONS AND INQUIRIES OF MY EDUCATION, EMPLOYMENT OR PERTINENT MEDICAL HISTORY WHICH MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I HEREBY RELEASE SCHOOLS, EMPLOYERS, BUSINESS OR PERSONS FROM ALL LIABILITY IN RESPONDING TO INQUIRIES IN CONNECTION WITH MY APPLICATION. IN THE EVENT OF MY EMPLOYMENT WITH **MANNA FOOD BANK** I FURTHER AUTHORIZE **MANNA FOOD BANK** AND ITS REPRESENTATIVES/AGENTS TO SUBSEQUENTLY RELEASE MY PERTINENT EMPLOYMENT INFORMATION TO FURTHER PROSPECTIVE EMPLOYERS.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION, MISSTATEMENT, OR OMISSIONS AS TO ANY FACT GIVEN BY ME ON MY APPLICATION, OR ON ANY COMPANY DOCUMENTS, OR DURING INTERVIEW(S) WILL CONSTITUTE GROUNDS FOR MY IMMEDIATE DISCHARGE. I UNDERSTAND THAT, IN THE EVENT OF MY EMPLOYMENT, MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANYTIME, AT THE OPTION OF EITHER **MANNA FOOD BANK** OR MYSELF.

SIGNATURE _____ DATE _____

FOR PERSONNEL DEPARTMENT USE ONLY

DATE APPLICATION RECEIVED _____ BY _____ DATE OF INTERVIEW _____ BY _____

DATE REVIEWED _____ BY _____ DATE PLACED IN ACTIVE FILE _____ BY _____

DATE PROCESSING COMPLETED _____ BY _____ DATE HIRED _____ BY _____

MANNA FOODBANK
Driver Information
Authorization and Release

I, _____, born at _____
Name City/State

on _____, _____, _____
Date of birth Driver's License Number State Issued

Authorize **MANNA FoodBank** to review my driving records in connection with the acquisition and possession of a commercial license, use of a company vehicle, and/or authorization to rent or lease a vehicle on behalf of **MANNA FoodBank**. I request that every person, organization, governmental agency, court, employer police department, motor vehicle department, licensing agency, schools or universities, and any other association or institution having control of any document, records, and other information pertaining to me, provide the information requested by **MANNA FoodBank** or its designated agents for inspection and copying.

I have used the following names to seek or obtain driver's licenses:

Name

Name

I have sought or received driver's licenses in the following states. I have included the driver's license numbers from states where I possessed a driver's license.

_____' _____
Driver's license number State Issued

_____' _____
Driver's license number State Issued

_____' _____
Driver's license number State Issued

I understand **MANNA FoodBank** may take an adverse action regarding my eligibility for employment, and I may be refused employment based upon the information provided.

_____/_____
Signed Date

Print Name