



PO Box 9363, Toledo, OH 43697-9363 \* 419-720-1106 \* Fax 419-243-9960

## EMPLOYMENT APPLICATION (must provide 2 forms of ID)

PLEASE PRINT

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SOC SEC # \_\_\_\_\_

LAST FIRST MI DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE(\_\_\_\_\_) \_\_\_\_\_

Position applying for: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time \_\_\_\_\_

I can work the following hours: \_\_\_\_\_ Days of the week: \_\_\_\_\_

I can work weekends: YES NO Evenings: YES NO Overtime: YES NO Date of Birth \_\_\_\_\_

IF CHOSEN FOR THIS POSITION, I CAN START WORKING (Date & Time) \_\_\_\_\_

PREVIOUS EMPLOYMENT – BEGIN WITH MOST RECENT (May Continue on Back if Needed)

Dates Employed	Employer Name/Address	Job Duties	Supervisor Name & Phone Number	Salary	Reason For Leaving

I give my consent to contact the employers listed above regarding my prior work experience

Signed \_\_\_\_\_

Please list any employer you do NOT want contacted: \_\_\_\_\_

Any other experience or skills related to desired position: \_\_\_\_\_

Do you have any friends, relatives or acquaintances working for Connecting Kids to Meals? YES NO

If yes, state name and relationship: \_\_\_\_\_

If hired, would you have dependable transportation to/from work? YES NO

If hired, are you willing to submit to and pass a controlled substance test? YES NO

EDUCATION – Circle last year completed Describe any other training or education: \_\_\_\_\_

Elementary School 5 6 7 8 \_\_\_\_\_

High School 1 2 3 4 \_\_\_\_\_

College 1 2 3 4 \_\_\_\_\_

Are there any handicaps, health problems or prior work injuries that should be considered for this job?  
\_\_\_\_\_

Have you ever been convicted of a criminal offense other than a minor traffic violation? (Include convictions by military court martial.)

NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, for each conviction list date of conviction, nature of charge and sentence received:  
\_\_\_\_\_  
\_\_\_\_\_

U.S CITIZEN YES \_\_\_\_\_ NO \_\_\_\_\_

If no, enter type of Visa \_\_\_\_\_ Visa Number \_\_\_\_\_ Verified by \_\_\_\_\_

I hereby authorize CONNECTING KIDS TO MEALS to investigate my references and to make an independent investigation of my character, conduct and employment records, and to keep and preserve such records. I agree that failure to reveal any prior employer, or the giving of false or misleading information by me will be grounds for termination of employment. I understand there is a 90 day probationary period. I also understand that this employment application and any other company documents do not constitute a contract of employment and that if hired, I or the Company may terminate my employment at any time and for any reason.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

AUTHORIZATION (as applicable)

President \_\_\_\_\_ Date \_\_\_\_\_

Personnel Manager \_\_\_\_\_ Date \_\_\_\_\_

We are an equal opportunity provider and employer.