Connecting Kids to Meals
NOURISHING FAMILIES. CHANGING LIVES.

*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_____ DATE OF BIRTH _____

LAST FIRST MI EMAIL ADDRESS_____

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

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

Elementary School 5 6 7 8

High School 1 2 3 4

College 1 2 3 4

Describe any other training or education:_____

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_____