**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.
7. In Accordance with our Drug Free Workplace Substance Abuse Policy, all applicants are required to submit to pre-employment drug testing. Any applicant refusing to be tested, or who tests positive on a drug screening, will be ineligible for employment.

**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)

c:\ss\Forms\Job Application Att. Rev.3/10/16

**- PLEASE PRINT LEGIBLY -**

 **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (LAST) (FIRST) (MI)

ADDRESS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

HOME PHONE NUMBER \_\_\_\_\_\_\_ CELL 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 or No \_\_\_\_\_\_\_\_\_\_\_\_\_.

HAVE YOU RECEIVED AUTHORIZATION FROM THE U.S. IMMIGRATION & NATURALIZATION SERVICE TO WORK IN THIS COUNTY? Yes or No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION**

NAME/LOCATION OF SCHOOL

ELEMENTARY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # years completed \_\_\_\_\_\_\_\_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # years completed \_\_\_\_\_\_\_\_\_\_\_\_

COLLEGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # years completed \_\_\_\_\_\_\_\_\_\_\_\_

WHAT WAS YOUR MAJOR IN COLLEGE? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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

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**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



**Motor Vehicle Record Disclosure and Release Form**

**DISCLOSURE**

As part of the process of determining your eligibility for employment and, in the event you are hired, your continued employment with ***Manna Food Bank, Manna Food Bank*** may conduct an investigation of your background by obtaining a consumer report or investigative consumer report relating to you from a consumer reporting agency of its choice. The report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, education, employment history, criminal history, motor vehicle history, workers compensation history or mode of living.

No consumer report will be used in violation of any federal or state equal employment opportunity law or regulation. I acknowledge receipt of a copy of my rights under the Fair Credit Reporting Act. If ***Manna Food Bank*** intends to take any adverse action based in whole or in part on information contained in a consumer report, you will be provided with an additional copy of the report and a description of your rights under the Fair Credit Reporting Act.

To assist ***Manna Food Bank*** in obtaining a consumer report, the following information is provided:

**MA, MN, OK, NY, ME, WA, NJ, and CA applicants only: If you want a free copy of the report(s) ordered, check this box 🞏.**

Full Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last Maiden/Other

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete Residence Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Number/ PO Box Street Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code County

Date of Birth\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_ Race\_\_\_\_\_

(\*You may elect to call MYB directly at (888) 758-3776 with this information)

Driver’s License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Issued \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**AUTHORIZATION**

I hereby authorize ***Manna Food Bank and Morrow Insurance Agency*** to make an independent investigation of my background by obtaining a consumer report relating to me from ***Mind Your Business, Inc. (“MYB”)*** I understand and agree that the information contained in any consumer report will be used to determine eligibility for employment and, if I am hired, my eligibility for continued employment, and that action may be taken by ***Manna Food Bank and or Morrow Insurance Agency*** based on this information.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to ***Manna Food Bank*** and ***Morrow Insurance Agency*** by and through ***MYB***, including but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources, ***including alcohol and controlled substance information from previous employers.***

Full Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last Maiden/Other

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rev. 3/10/16