



**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**

Application will remain active for 30 days.

**APPLICATION FOR EMPLOYMENT**

The ACFB is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, national origin, citizenship, age, disability, sexual orientation or any other legally protected classification. We assure you that your opportunity for employment with ACFB depends solely on your qualifications.

**PLEASE COMPLETE PAGES 1-5.** DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present address \_\_\_\_\_  
Number Street City State Zip

How long? \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Previous address \_\_\_\_\_  
Number Street City State Zip

How long? \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Have you obtained employment by ACFB before?  Yes  No If yes, when? \_\_\_\_\_

Are you 18 years or older?  Yes  No Are you a U.S. citizen or legally authorized to work in the U.S.?  Yes  No

Position(s) applied for \_\_\_\_\_ Have you used any other names? (Please list): \_\_\_\_\_  
 \_\_\_\_\_  
 (Be specific) \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME

Salary desired: \_\_\_\_\_ per HOUR MONTH YEAR

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Awards and Honors: \_\_\_\_\_

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**(For Driving Positions)**

DO YOU HAVE A VALID DRIVER'S LICENSE?     Yes     No

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_     Operator     Commercial (CDL)     Chauffeur

Expiration date \_\_\_\_\_ Restrictions \_\_\_\_\_

Have you had any moving violations during the past three years?     Yes     No    If yes, how many? \_\_\_\_\_

Have you had any accidents during the past three years?     Yes     No    If yes, how many? \_\_\_\_\_

Do you have any impairments that prevent you from driving a vehicle?     Yes     No    Type: \_\_\_\_\_

Has your license ever been suspended or revoked?     Yes     No    Reason: \_\_\_\_\_

Have you ever been declined auto insurance coverage or cancelled?     Yes     No    Reason: \_\_\_\_\_

Have you ever been cited for a DUI or DWI?     Yes     No    When: \_\_\_\_\_

**SKILLS**

Typing	<input type="checkbox"/> Yes	_____ WPM	10-key	<input type="checkbox"/> Yes	Word Processing	<input type="checkbox"/> Yes	_____ WPM
	<input type="checkbox"/> No			<input type="checkbox"/> No		<input type="checkbox"/> No	
Personal Computer	<input type="checkbox"/> Yes	PC <input type="checkbox"/>	Other Skills	_____			
	<input type="checkbox"/> No	Mac <input type="checkbox"/>		_____			

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone ( ) _____	Telephone ( ) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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**MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES?       Yes    No   If yes, highest rank: \_\_\_\_\_

ARE YOU NOW A MEMBER OF THE ACTIVE RESERVES?    Yes    No   If yes, what is your obligation? \_\_\_\_\_

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

Type of discharge: \_\_\_\_\_ If other than honorable, please explain: \_\_\_\_\_

**Work Experience**      Please list your work experience, beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Last Job Title		

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		From To	Start Final
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Your last job title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Do you have any relatives that work for ACFB?     Yes     No    If yes, who? \_\_\_\_\_

Do you have any friends that work for ACFB?     Yes     No    If yes, who? \_\_\_\_\_

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**PLEASE READ CAREFULLY BEFORE SIGNING**

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**CERTIFICATION AND AUTHORIZATION**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statement on this application shall be grounds for dismissal.

I hereby authorize the Atlanta Community Food Bank ("ACFB") to thoroughly investigate my references, credit history, employment records, conviction record and other matter related to my suitability for employment and hereby release the ACFB from any and all claims, demands, and liabilities arising out of or released to such investigation or disclosure.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice or reason. If employed, I understand that the ACFB may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I also understand that (1) the ACFB has a drug and alcohol policy that may require pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy may be a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

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**Thank you for completing this application form and for your interest in our business.**

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HR USE ONLY

HIRE DATE \_\_\_\_\_

GRADE \_\_\_\_\_

TITLE \_\_\_\_\_

SALARY \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

TYPING TEST SCORE \_\_\_\_\_