



## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Are you willing to work hours other than 8-5? YES  NO  Commercial Drivers License? YES  NO

Current Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a crime? YES  NO  *If your answer is yes, please explain in concise detail, giving dates and nature of offense, name and location of the court and disposition of the case(s). A conviction may not disqualify you, but a false statement will.*

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES      NO  
        

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

**Disclaimer and Signature**

- \_\_\_\_\_ 1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
- \_\_\_\_\_ 2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
- \_\_\_\_\_ 3. I understand that the Wichita Falls Area Food Bank will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes.
- \_\_\_\_\_ 4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.
- \_\_\_\_\_ 5. I hereby agree that if I am tentatively accepted for employment with the Wichita Falls Area Food Bank, I will be required to a pre-employment test for the detection of drugs in my system. I hereby agree to undergo drug screening at any future date, following any on-the-job accident or randomly if requested by the Wichita Falls Area Food Bank. I further agree that refusal to take and/or pass such examination will be sufficient cause for preventing my being hired.

*This application does not constitute a contract of employment, nor is it or any provision in it part of any contract of employment, either express or implied. The employment relationship is "at will" in that either the employee or Wichita Falls Area Food Bank may terminate the employment relationship for any or no reason.*

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

*Wichita Falls Area Food Bank provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, the Wichita Falls Area Food Bank complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.*

*The Wichita Falls Area Food Bank expressly prohibits any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of the Wichita Falls Area Food Bank's employees to perform their job duties may result in discipline up to and including discharge.*

**CONSENT FORM TO REQUEST INFORMATION FOR A CRIMINAL BACKGROUND CHECK**

I understand that the Wichita Falls Area Food Bank will conduct a criminal history background check as part of the procedure for processing my application for employment. I understand that the Wichita Falls Area Food Bank will conduct an investigation that verifies my social security number and includes obtaining information regarding my past employment and criminal background. I understand the criminal history background check will include my counties of residence to search for criminal records. I also understand that before I am denied employment based on information obtained in the report, I will receive explanation and a copy of my rights under the Fair Credit Report Act.

I understand that if I disagree with the accuracy of any information in the report, I must notify the Wichita Falls Area Food Bank Human Resources Office representatives within three (3) business day of receipt of the report. If I notify Human Resources within this time, I will have a reasonable opportunity to address the information contained in the criminal history background check report. I understand that the information contained in the criminal history background check will be available to those persons involved in making employment decisions or performing the background investigation, and that this information will be used for the purposes of making employment decisions.

**Caution – Read Before Signing**

I hereby consent to the criminal history background check as described above and authorize the Wichita Falls Area Food Bank to obtain reports concerning my background as stated above. I hereby release the Wichita Falls Area Food Bank, its officers, agents, and employees from any and all liability related to the Wichita Falls Area Food Bank using my criminal background information to make employment decisions.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Print Full Name \_\_\_\_\_  
(First) (Middle) (Last)

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of License \_\_\_\_\_

Position Applied for \_\_\_\_\_ Department \_\_\_\_\_

Wichita Falls Area Food Bank is authorized to conduct a criminal history background check on job applicants pursuant to Chapter 411.084 et. Seq. of the Texas Government Code. Providing your social security number and date of birth are necessary to perform these investigations and will only be used with your consent for the purposes described above. Date of Birth information is obtained for identification purposes only and will not be used as a basis for making employment decisions.