



Deliver or mail Atten: Executive Director
Apache Junction Food Bank
575 N. Idaho Road, #701
Apache Junction, AZ 85119

480-983-2995 www.ajfoodbank.org

Please print legibly or type. The application must be fully completed to be considered.
Please complete each section, even if you attach a resume.

APPLICATION FOR EMPLOYMENT: DRIVER

Full Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ EMAIL: _____

Information requested has been developed following with U.S. Department of Transportation Regulations 49CFR§391.21. Job information and any forms required to be submitted for consideration for a job at the Apache Junction Reach Out, Inc., Food Bank comply with Federal and State equal employment opportunity laws. Qualified applicants are considered for all positions at the AJFB without regard to race, color, religion, sex, national origin, age, genetics, sexual orientation, retaliation, marital status, or non-job-related disability.

Social Security Number: _____

CDL Number/State of Issuance (not required):

If you have been at the above address less than 3 years, give your previous address:

Addresses: _____ How Long? _____

City: _____ State: _____ Zip: _____

Do you have the legal right to work in the United States? Yes No

Only U.S. Citizens or aliens who have the legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity?

Are you over 18 years of age? Yes No

Date of Birth: _____ Can you provide proof of age? Yes No

Required for truck drivers

In order to permit a check of your work and educational records, we must be made aware of any changes of name or assumed name that you previously used. Have you used other names?

Yes No

If "YES", identify name(s) and relevant dates: _____

Have you ever been convicted of a felony? Yes No

Note: A conviction will not necessarily disqualify you from employment. If "YES", provide details including the location of the felony and the resolution.

Please provide two contacts below. This is important. IN CASE OF EMERGENCY, NOTIFY:

1) Name: _____

Telephone Number: _____

Relationship: _____

2) Name: _____

Telephone Number: _____

Relationship: _____

EDUCATION

School	Years Attended	Degree, Course or Certificate	City	State	Phone

Skills: List any job-related skills, qualifications, education or information that support your application:

Have you worked for the AJ Food Bank Yes No

When and what were your duties _____

Reason for leaving _____

Are you now employed? Yes No

If not, how long since leaving last employment? _____

If "YES", may we contact your present employer? Yes No

Who referred you or how did you hear about this job? Newspaper Friend Social Media

Neighbor Family Volunteer at Food Bank Other, please explain

Have you ever been dismissed or forced to resign from any employment? Yes No

If "YES", please explain:

Are you a veteran of the U.S. Military Services? Yes No

Are there any hours, shifts or days you will not work? Yes No

If "YES",
explain:

List 2 persons not related to you, whom you have known at least two years, who can provide a **PERSONAL REFERENCE**:

NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION
------	---------	------------------	------------

1. _____

2. _____

Is there any reason you might be unable to perform the functions of the AJFB job for which you have applied (as described in the available job description at the Food Bank and online at www.ajfoodbank.org)? YES NO

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

B. Has any license, permit or privilege ever been suspended or revoked? YES NO

If the answer to either A or B is yes, fill in space below or attach statement giving details.

Please provide to the AJFB, at the time of submitting this application, any and all:

- ACCIDENT RECORDS/REPORTS FOR PAST 5 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)
- TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS (OTHER THAN PARKING VIOLATIONS) LOCATION DATE CHARGE PENALTY (ATTACH SHEET IF MORE SPACE IS NEEDED)

EMPLOYMENT HISTORY MUST BE COMPLETED BY TRUCK DRIVER APPLICANTS

Employment History			
Employer (1)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (2)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (3)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

List 2 persons not related to you, whom you have worked with in a professional setting, such as a supervisor or co-worker, known at least two years, that can offer a PROFESSIONAL REFERENCE:

NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION
1. _____	_____	_____	_____
2. _____	_____	_____	_____

This Employer complies with the Americans with Disabilities Act of 1990. During the interview process you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination. All information will be kept confidential and in separate files.

Applicants accepted for employment should clearly understand that while we make an effort to provide steady, continuous work, we have no employment contracts and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or Employer policies, conformity to our work rules, job performance, etc., and of course, employees may elect to leave of their own accord to seek other jobs.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the employer may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-placement physical examination.

Signature Disclaimer

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of my background and all matters contained in this application and hereby give the Employer permission to contact schools, previous employers, references, and others, and hereby release the Employer from any liability as a result of such contact and release all such persons or companies or corporations supplying information from all liability for all damages on account of supplying such information. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment or, if employed by the Employer, may result in the termination of my employment.

I understand all notices to applicants above, and I agree to submit to testing for drug or alcohol use in accordance with the Employer's policies.

Name (Please Print)	Signature
Date	