



OREGON FOOD BANK
APPLICATION FOR EMPLOYMENT
PO Box 55370
Portland, OR 97238-5370
503.282.0555
fax: 503.282.0922

COMPLETE ALL PORTIONS OF THIS APPLICATION

Name: _____
Last First Middle

Social Security Number: _____

Position for which you are applying: _____ Full time Part time Temporary

Date available for work: _____ Are you at least 18 years of age? Yes No

If no, do you have a valid work permit? Yes No

Please note any hours or days you are unable to work: _____

Other names under which you have been known: _____

Home address and telephone number:

Street Address _____

City, State, Zip _____

Telephone No. _____

Previous Address (needed for reference/background checks):

Street Address _____

City, State, Zip _____

Have you ever been employed by Oregon Food Bank: Yes No

If yes, when: _____

Position: _____

Do you have transportation to work? Yes No

Do you hold a valid driver's license? Yes No License # and exp. date: _____

Do you have an automobile available to use on OFB business if requested? Yes No

Do you have auto liability insurance (for positions requiring use of their auto)? Yes No

If yes, limits of liability _____ Name of insurance company _____

Military Service Record:

Branch: _____ Date entered: _____ Type of Discharge: _____

Nature of Duties: _____

Service Schools (course titles and dates): _____

Training and Education:

Please list all schools, colleges, universities, vocational programs or other training or education you have received relevant to the position. Please indicate if you received a diploma, degree or certificate from any of these institutions or programs. Alternatively, please indicate how long you attended the institution or program.

Circle highest grade completed: Elementary 6 7 8 High School 9 10 11 12 Graduated GED

Please list college or advanced education below:

Name of Institution	Address City/State/Zip	Course/Subject	Last Year Completed	Degree/Certificate

Additional Professional Courses, Seminars, or Training: Please describe training, any special skills acquired and equipment you can operate. _____

Prior Work Experience

Please provide the following information for the last 10 years as to each previous employer for who you have worked. OFB reserves the right to contact any or all of these employers (additional pages are available if needed). *It is OFB policy to check references, please initial if you do not wish your current employer contacted.* ____.

Name of Employer: _____
 Address of Employer: _____
 Phone Number for Employer: _____ Name of Supervisor: _____
 Job Title: _____ Last rate of pay: _____
 Nature of Work Performed: _____

Date of Hire: _____ Date of Separation: _____
 Reason for Separation: _____

Name of Employer: _____
 Address of Employer: _____
 Phone Number for Employer: _____ Name of Supervisor: _____
 Job Title: _____ Last rate of pay: _____
 Nature of Work Performed: _____

Date of Hire: _____ Date of Separation: _____
 Reason for Separation: _____

Name of Employer: _____
 Address of Employer: _____
 Phone Number for Employer: _____ Name of Supervisor: _____
 Job Title: _____ Last rate of pay: _____
 Nature of Work Performed: _____

Date of Hire: _____ Date of Separation: _____
 Reason for Separation: _____

-supplemental pages are available if needed-

DRIVER CANDIDATES ONLY PLEASE COMPLETE THIS PAGE

ACCIDENT RECORD FOR PAST 3 YEARS				
If none, write "None"				
	Date	Nature of Accident	Fatalities	Injury
Last Accident				
Next Previous				
Next Previous				

TRAFFIC CONVICTIONS & FORFEITURES FOR PAST 3 YEARS				
If none, write "None"				
	Location	Date	Charge	Penalty
Last Conviction				
Next Previous				
Next Previous				

EXPERIENCE & QUALIFICATIONS				
Valid licenses currently held				
	State	License Number	Type	Exp. date
First License				
Additional License				
Additional License				

DRIVING EXPERIENCE				
Type of equipment & approximate miles/hours driven				
Class	Type (Van, Tank, Flat, etc)	Dates		Miles
		From	To	
Straight Truck				
Tractor/Trailer				
Doubles				
Bus				
Other				

Drivers only fill in date of birth:

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
 Has any license, permit or privilege ever been suspended or revoked? Yes No

LIST STATES LICENSED IN FOR PAST 5 YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize Oregon Food Bank permission to contact my former employers for the purpose of fulfilling the requirements of Federal Motor Carrier Safety Regulations (FMCSR) and obtaining references. I further authorize Oregon Food Bank to make any such additional inquiries beyond the FMCSR minimum requirements that are necessary to qualify this application. I do hereby release Oregon Food Bank, and any or my former employers from any and all liability which may result from obtaining and/or furnishing such information.

Signature: _____

Date: _____

Personal References

List the name, telephone number and company or institution of three non-relatives who are qualified to evaluate your education or work experience.

NAME	COMPANY/INSTITUTION	ADDRESS/TELEPHONE NUMBER

Other Information

If you are offered a position by Oregon Food Bank, can you provide legally required documentation of identity and authorization to work in the United States before you begin employment: Yes No

Are you eligible to be bonded? Yes No

Have you ever been convicted of a violation of the law other than minor, non-moving traffic violations? A conviction will not necessarily bar you from employment. Yes No

If yes, please list all such convictions and specify the jurisdiction(s); (include county, state and year):

NOTE: Part of the hiring process may include testing for both alcohol and controlled substances. If you wish to complete the application process, you must be willing to participate in such testing. You will be asked to consent at the time of the test.

READ CAREFULLY

Oregon Food Bank is an equal opportunity employer and considers all applicants for employment without regard to race, color, sex, religion, national origin or ancestry, age, marital status, familial status, sexual orientation, mental or physical disability, veteran status, or any status protected under applicable law.

Oregon Food Bank does not discriminate in employment based on family relationship; however, Oregon Food Bank may refuse to employ any individual if such action would place an employee in a position of exercising supervisory, appointment or grievance adjustment authority over a member of their family, or in a position of being subject to such authority which a member of the individual’s family exercises; or would cause Oregon Food Bank to disregard a bona fide occupational requirement reasonably necessary to the normal operation of its business.

I certify the information contained in this application is true and correct to the best of my knowledge. I understand that any misstatement or omission of information may result in disqualification from further consideration or dismissal from employment. I authorize the references listed above to give you any and all information they may have, personal or otherwise regarding my suitability for employment at Oregon Food Bank. I release all parties from all liability for any damage that may result from furnishing the same to you. I release Oregon Food Bank and its agents and employees from any and all liability that might result from investigating my application for employment.

I understand and acknowledge that any employment relationship with Oregon Food Bank is of an “at-will” nature. This means that I may resign at any time with or without notice or cause, and Oregon Food Bank may terminate my employment and related compensation at any time with or without notice or cause. I further understand that no interviewer or any other representative of Oregon Food bank, other than the Executive Director in writing, has any authority to enter into any agreement for employment for any specified duration or period of time, or to otherwise alter the “at-will” nature of my employment. I understand that acceptance of an offer of employment does not create a contractual obligation by Oregon Food Bank to continue to employ me in the future, or for any definite period of time. I agree to conform to the rules and policies of Oregon Food Bank for as long as an employment relationship may continue.

Signature: _____ Date: _____

NOTE: Application must be signed in order to be considered for employment. If submitting on-line, signature can be provided if selected for an interview.

AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

This information requested below is needed to comply with State and Federal statistical purposes only. Submission of this information is strictly voluntary and no adverse treatment will result should you choose not to provide it. This information will be kept confidential except as allowed under applicable law.

Name: _____

Position for which you are applying: _____

How did you learn about this position: _____

Social Security # _____

Male

Female

White

Black or African American

Hispanic or Latino

American Indian or Alaska Native

Asian

Native Hawaiian or Other Pacific Islander

Two or More Races

Disabled? Yes

No

Disabled Veterans with 30% or more disability?

Yes

No

If yes, what is the nature of your disability? _____

Vietnam Era Vet? Yes

No

If yes, date of discharge: _____

If disabled, what reasonable accommodation is necessary to enable you to perform the essential functions of the position for which you are applying?

I understand that I am providing the above information voluntarily and that it will be treated confidentially except as provided by law.

Signature

Date

This information is voluntary
This information will be used in statistical compilations we are required to submit
Your assistance is appreciated
This Page Is NOT Part Of Your Job Application