



LOAVES & FISHES
Groceries for Neighbors in Need

Loaves & Fishes

648 Griffith Road, Suite B
Charlotte, NC 28217

Phone (704) 523-4333 Fax (704) 523-5901

PLEASE PRINT ALL INFORMATION REQUESTED				
APPLICATION FOR EMPLOYMENT				
APPLICANTS MUST BE WILLING TO SUBMIT TO DRUG TESTING PRIOR TO EMPLOYMENT				
PLEASE COMPLETE PAGES 1-3		DATE: _____		
Name _____ <small style="display: flex; justify-content: space-between; font-size: 8px;">Last First Middle Maiden</small>				
Have you ever used any other names? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: _____				
Present address _____ <small style="display: flex; justify-content: space-between; font-size: 8px;">Number Street City State Zip</small>				
How long _____	Social Security No. _____ - _____ - _____			
Telephone (____) _____				
Date of Birth _____				
Position applied for (1) _____ and salary desired (2) _____ (Be specific)				
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME				
When available for work? _____				
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				
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____				

APPLICATION FOR EMPLOYMENT			
DO YOU HAVE A VALID NORTH CAROLINA DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is your means of transportation to work? _____			
Driver's license number _____ State of issue _____ <input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Chauffeur			
Expiration date _____			
Have you had any accidents during the past three years?			How many? _____
Have you had any moving violations during the past three years?			How Many? _____
Please list two references other than relatives or previous employers.			
Name _____		Name _____	
Position _____		Position _____	
Company _____		Company _____	
Address _____		Address _____	
Telephone () _____		Telephone () _____	
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you complete this application yourself <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, who did? _____			
Work Experience			
Please list your work experience for the past five years 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
Reason for leaving (be specific)		From To	Pay or salary Start Final
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		Your last job title	

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