



Meals on Wheels Ministry, Inc.

3001 Robertson Rd.

Tyler, TX 75701

(903) 593-7385 / (800) 451-2912

Application For Employment

We are an equal opportunity employer and make employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. If you need an accommodation in completing this application, please notify a representative of the organization.

Applicant Name: _____ Date: _____

Position(s) applied for or type of work desired: _____

Address: _____

Telephone #: _____ Social Security #: _____

Type of employment desired: _____ full-time _____ part-time _____ temporary

Date you will be available to start work: _____

Are you able to meet the attendance requirements? _____ Yes _____ No

Do you have any objection to working overtime if necessary? _____ Yes _____ No

Can you travel if required by this position? _____ Yes _____ No

If you are under 18, can you furnish a work permit if it is required? _____ Yes _____ No

Driver's license number (if driving is an essential job duty): _____

How were you referred to us? _____

Employment History

Please provide all employment information for your past three employers starting with the most recent.

1. **Employer:** _____
Position/s held: _____
Address: _____
Telephone #: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ **Salary:** _____
Summary of duties: _____

Reason for leaving: _____

2. **Employer:** _____
Position/s held: _____
Address: _____
Telephone #: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ **Salary:** _____
Summary of duties: _____

Reason for leaving: _____

3. **Employer:** _____
Position/s held: _____
Address: _____
Telephone #: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ **Salary:** _____
Summary of duties: _____

Reason for leaving: _____

Other Skills and Qualifications

Summarize any job-related training, skills, computer knowledge, licenses, certificates and any other information you believe is relevant to your qualifications for this job:

Educational History

Type of School	Name of School	Major & Degree or Years Completed
High School		
College		
Business or Trade School		
Professional School		

References

List 3 references, including their names, telephone numbers and years known (do not include relatives or employers):

1. _____

2. _____

3. _____

Application for _____, continued

Release

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions and references.

I understand that any intentional misrepresentation or material omission made by me on this application may constitute grounds for rescission of a job offer or immediate termination of employment if I am employed, without notice, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation or applicable federal or state law.

I understand this is a drug free workplace and consent to compliance with this policy as a condition of employment.

I also understand that, if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I have read and fully understand the foregoing statements and I seek employment under these conditions.

Applicant Signature: _____ Date: _____

Applicant Requirements for Home Delivery and Food Driver

Persons applying for any driver position with Meals on Wheels Ministry, Inc. must be subject to certain guidelines for employment. (1) Our clients are our number one priority. Due to the extreme importance of the driver to read and follow route sheets any applicant for a driver position must be able to read and comprehend the contents of a route sheet for any changes or updates concerning additions or deletions of clients to ensure quality service to our elderly. (2) The Meals on Wheels Ministry, Inc. liability insurance policy states that no one under the age of 24 years or over the age of 72 years can be legally insured on our policy, which makes anyone outside of this age range ineligible for a driver position with Meals on Wheels Ministry, Inc. pursuant to the Age Discrimination Act of 1967 under SEC. 623. [Section 4] which states *It shall NOT be unlawful for an employer, employment agency, or labor organization to take action otherwise prohibited under subsections (a), (b), (c) or (e) of this section where age is a bona fide occupational qualification reasonably necessary to the normal operation of the particular business, or where the differentiation is based on reasonable factors other than age.* (3) Applicants must reveal any convictions of felonies or misdemeanors that may affect their insurability under insurance policy guidelines. (4) Applicants must be able to safely lift at least 50 pounds to qualify for a driver position. (5) Applicants must provide current Texas Department of Public Safety Driver Record.

Meals on Wheels Ministry, Inc. is an Equal Opportunity Employer and does offer other employment opportunities, when available that do not stipulate age requirements and all ages are encouraged to apply as long as they are qualified for the type of work in the job description and can perform those duties effectively.

Meals on Wheels Ministry, Inc. would like to inform applicants that we may be obtaining background checks or other consumer reports, including motor vehicle reports, as part of the pre-employment evaluation of applications and/or the employment status of current employees. This form is to obtain permission for such reports, including any report of driving records or an assessment of credit worthiness for insurability purposes.

Applicants chosen who work prior to the receipt of motor vehicle reports whose driving record proves to be insufficient will receive NO pay for hours worked in training under Meals on Wheels Ministry, Inc. insurance policy restrictions. It is also understood that any information given below will not be used to discriminate in any form and will not directly affect potential employment with Meals on Wheels Ministry, Inc.

By signing this document, I hereby authorize Meals on Wheels Ministry, Inc. to obtain such reports and any additional reports concerning my continued insurability or for other permissible purposes.

Acknowledgment of Consumer Reports:

_____	Last Name:	_____
Applicant/Employee Signature	First Name:	_____
_____	Middle Name:	_____
Printed Name of Applicant/Employee	Drivers License No:	_____
_____	State of Issue:	_____
_____	Date of Birth:	_____
_____		_____
Convictions of Felonies/Misdemeanors & Date of Offense		

