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Logistics, Inventory management, Facilities management & Transportation  
A Workforce Development Program of the Freestore Foodbank

Please complete this application accurately and legibly. The information provided here will be used by Freestore staff to better understand applicant's personal needs. All information will remain confidential.

**\*Applications must include Photo ID and be properly filled out to be considered completed.**

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Other \_\_\_\_\_

Phone Number: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ Are you a U.S. citizen? Yes  No

**INFORMATION ON HOUSEHOLD, TRANSPORTATION & LIVING SITUATION**

-Specify current housing Status:

- Own
- Staying with friend/family
- Homeless
- Rent
- Transitional shelter
- Other:

If in homeless or transitional shelter, please specify where: \_\_\_\_\_

-Current Relationship status:

- Single
- Married
- Domestic partnership

-Are you the head of your household? Yes  No

How many children: \_\_\_\_\_ Ages of children: \_\_\_\_\_

**ELIGIBILITY REQUIREMENTS:**

-All instruction and testing for this program are conducted in English. Are you able to read, write and communicate in English proficiently? Yes  No

-Are you able to regularly perform required warehouse duties as assigned for an 8 hour day? Including, but not limited to:

- Standing for long periods of time Yes  No
- Ability to bend and lift a minimum of 50lbs Yes  No
- Able to drive and operate powered equipment safely Yes  No

**EMPLOYMENT HISTORY:** (Provide information on the last two jobs you previously worked at. Note: Warehouse experience is not required for admission into the LIFT the TriState program).

Employer (Company Name): \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Supervisor's Phone#: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer (Company Name): \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Supervisor's Phone#: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**MEDICAL INFORMATION:**

-Do you currently have a Primary Care Provider (i.e. doctor)? Yes  No

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**SOCIAL SERVICES INFORMATION:**

-Do you have a Case Worker/ Case Manger? Yes  No

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

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

-Do you currently have a source of income? Yes  No

Please circle the source(s) of income you currently receive:

*Employment*   *Family Support*   *Unemployment*   *Social Security*   *Social Security Disability*  
*Other* (Please explain) \_\_\_\_\_

Please circle the source(s) of assistance you currently receive:

Food Stamps/SNAP   Medicaid/AHCCCS   Cash Assistance   SSI   Unemployment Benefits  
*Other* (Please Explain) \_\_\_\_\_

-The staff at Freestore Foodbank wants to help all those who are enrolled in the program become as healthy, independent, and self-sufficient as they can be. Circle any areas that you need assistance with:

*Medical Care    Mental Health    Substance Abuse Treatment    Clothing    Dental Health*  
*Domestic Violence Services    Housing/Utility Services    Food Programs*

**BACKGROUND INFORMATION**

-Do you have a probation or parole officer?    Yes     No

If yes, provided name and phone number: Name: \_\_\_\_\_ # \_\_\_\_\_

-Do you have any court cases or legal issues pending?    Yes     No

If yes, please describe and provide date(s): \_\_\_\_\_

**Please list criminal convictions below:**

Describe Conviction	Felony or misdemeanor	Date	County or Location

**ADDITIONAL INFORMATION:**

-How did you hear about the LIFT the TriState program?

- Gateway College     Customer Connection Center, Freestore Foodbank     Facebook  
 Friend/Family     Belflex     Other: \_\_\_\_\_

-Why are you interested in this program? (2-3 Sentences):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DISCLAIMER AND SIGNATURE:**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to enrollment in the program, I understand that false or misleading information in my application or during my interview may result in my release from the program.

If this application leads to enrollment in the program, I understand that I may be asked to take and pass a physical exam, drug and alcohol screening, and/or have a doctor's release to participate.

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

**Please Return to:** Freestore Foodbank 1141 Central Parkway, Cincinnati, Ohio 45202

**For more information call: 513-482-7292**

