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STAFFING NETWORK

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:**

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

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

**EMERGENCY CONTACT INFORMATION:**

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

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

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

**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     Divorced

-Are you the head of your household?    Yes     No

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

-Do the children reside in the household?    Yes     No

**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

The program is 10 weeks long and **requires** attendance from **9AM – 3PM**, Mon. – Thurs. and **9AM – 12PM** Friday. Are you able to adhere to this schedule for the duration of the program? Yes  No

If no, please explain: \_\_\_\_\_

-Can you remain drug free and sober for the length of the 10 week training program? Yes  No

**EMPLOYMENT/VOLUNTEER HISTORY:** *(Please provide information on your last job. Note: Warehouse experience is not required for admission into the LIFT the TriState program).*

Employer (Company Name): \_\_\_\_\_ Job Title: \_\_\_\_\_

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

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

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

**EDUCATION:**

-Highest level of educational achievement: \_\_\_\_\_

-Other Special Training or Certifications: \_\_\_\_\_

**MEDICAL HISTORY AND INFORMATION:**

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

If yes, please indicate your doctor’s name and phone number on the following line:

\_\_\_\_\_

-Do you have any regular ongoing medical or behavioral health appointments? Yes  No

- If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

-Do you have any medical conditions, handicaps, or impairments that make certain work or physical activities difficult for you? Yes  No

- If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

-Are you currently taking any prescription medication? Yes  No

- If yes, please list the names and schedule taken: \_\_\_\_\_

-Do you have any side effects, such as drowsiness, impaired motor skills, or impaired judgment when taking these medications? Yes  No

-Have you been diagnosed with HIV or AIDS? Yes  No

**INCOME/SOCIAL SERVICES INFORMATION:**

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

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

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

-Are you currently low-income? Yes  No

-Are you currently unemployed? Yes  No

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

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

**Employment    Unemployment    Family Support    Social Security    Social Security Disability**

**Other** (Please explain) \_\_\_\_\_

If you do not have a source of income, how do you plan to support yourself throughout the program?

-Are you currently receiving any benefits or services? Yes  No

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

**Food Stamps    Medicaid/AHCCCS    Cash Assistance    SSI    Unemployment Benefits**

**Other** (Please Explain) \_\_\_\_\_

If yes, how long have you been receiving these benefits? \_\_\_\_\_

If yes, Please specify the amount you receive for each benefit:

**Employment Amount:** \_\_\_\_\_ **Social Security Amount:** \_\_\_\_\_

**Unemployment Amount:** \_\_\_\_\_ **Social Security Disability Amount:** \_\_\_\_\_

**Food Stamps Amount:** \_\_\_\_\_ **Cash Assistance Amount:** \_\_\_\_\_

**Other** (Please list Benefit & Amount): \_\_\_\_\_

-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**

Please list any misdemeanor/felony convictions: \_\_\_\_\_  
\_\_\_\_\_

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

    If yes, provide 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): \_\_\_\_\_  
\_\_\_\_\_

**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 THIS APPLICATION (AND REQUIRED DOCUMENTS) TO:**

Freestore Foodbank 1141 Central Parkway, Cincinnati, Ohio 45202

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