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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

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