

Oasis Food Center
Summer Feeding Program

Employee Update– Please Print, Date & Sign (fill out completely)

We have put you on the list for this year but we need to have the information filled out and returned to us immediately. If anything changes between the time you fill this form out and training , then we need for you to let us know immediately. Please check yes or no questions.

Name: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____ Date of Birth: _____

Do you receive texts on your phone? _____ What is the best way to contact you? _____

Date that you can start:

Last Day that you can work:

Time off scheduled during the summer:

How many hours are you desiring to work?

How far are you willing to drive?

Is your vehicle reliable? Yes No

How large is your vehicle?

Are you available to work a split shift? Yes No

Do you still have a valid driver's license? Yes No

Is your automobile insurance current? Yes No

Do you have any physical issues that would prevent you from lifting 40-50 lbs? Yes No If yes, please explain why.

Do you have any physical issues that would prevent you from bending or twisting? ? Yes No If yes, please explain why.

Have you had current or past physical issues that would prevent you from performing your duties as described in job descriptions, and manuals? ? Yes No

Have you been under medical care in the past year? ? Yes No If yes, please explain why.

Are you currently under medical care? ? Yes No

If yes, have you been released to return to work? ? Yes No

If yes, we need a copy of the release. If yes, regular or light duty?

Have you been accused of, participated in, or been convicted of sexual misconduct? ? Yes No

Except for minor traffic offenses, have you ever been convicted of a criminal offense, or entered a plea of "Guilty", "No Contest" or has a withheld judgment to a criminal offense? ? Yes No If yes, please explain on the back.

Signature

Date: _____