

# **Employment Application**

Applicant Information						
Full Name:				Date:		
	Last	First			D 0.00	
Address:	Street Address					Apartment/Unit #
	City				State	ZIP Code
Cell phone:				Email		
Date Availa	ble: Social Sec	curity	No.:		Desired Salar	/:\$
Position Ap	plied for:					
	Part time		·	Temporary		
Driver's Lice	ense (may be required for your po	ositior	า) #	: 		State
Do you holo	YES NC	] If y	es:	CLASS A CLASS B	<sup>‡</sup> years CDL expe	rience
Are you a ci	tizen of the United States?	YES	NO □	lf no, are you author	ized to work in tl	YES NO he U.S.?
Have you ev	ver worked for this company?	YES	NO □	lf yes, when?		
Are you cur another cor	rently on layoff/leave from npany?	YES	NO □	lf yes, when are you expected back?		
Were you e violence?	ver terminated for any kind of	YES	NO □	lf yes, please explain:		
Have you ev	ver been convicted of a felony?	YES	NO □	lf yes, please explain:		
	ver been terminated, disciplined ever resigned for racial, ethnic, arassment?	YES	NO □	lf yes, please explain:		
Were you e excessive al	ver terminated for being late or osences?	YES	NO □	lf yes, please explain:		
another em	e any commitments with ployer that might affect your it with All Faiths Food Bank?	YES	NO	lf yes, please explain:		



Education			
High School:	Address:		
	YES NO To: Did you graduate? 🔲 🔲 Diploma:		
College:	Address:		
From:	YES NO To: Did you graduate? 🔲 🔲 Degree:		
Other:	Address:		
From:	YES NO To: Did you graduate? 🔲 🔲 Degree:		
	References		
Please list thr	ee professional references.		
Full Name:	Relationship:		
Company:	Phone:		
Address:	Email:		
Full Name:	Relationship:		
Company:	Phone:		
Address:	Email:		
Full Name:	Relationship:		
Company:	Phone:		
Address:	Email:		
	Previous Employment		
Company 1:	Phone:		
Address:	Supervisor:		
Job Title: _	Starting Salary: <b>\$</b> Ending Salary: <b>\$</b>		
Responsibilities:			
	To: Reason for Leaving:		
May we conta reference?	act your previous supervisor for a YES NO		



Company 2:		Phone:
Address:		
	alary: <b>\$</b>	
Responsibilities:		
From: To:		ŗ. 
May we contact your previous supervisor for a reference?	YES NO	
Company 3:		Phone:
Address:		_ Supervisor:
Job Title: Starting S	alary: <b>\$</b>	Ending Salary: <b>\$</b>
Responsibilities:		
From: To:		
May we contact your previous supervisor for a reference?	YES NO	
Military	v Service	
Branch:	Fron	n: To:
Rank at Discharge:	Type of Discharge	2:
lf other than honorable, please explain:		
Profic	iencies	
List any valid professional certifications, licenses, and any languages, other than English, that you speak, read or write:		
List all computer software of which you have a working knowledge:		
List special accomplishments, publications, awards (exclude those which may disclose your race, color, religion or national origin)		



#### Voluntary Self-Identification Question

All Faiths Food Bank is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, All Faiths Food Bank invites applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

🗌 White	Black/African American	Asian	Latino/Hispanic	

American Indian/Alaska Native	🗌 Native Hawaiian/Other Pacific Islander	Two or More Races
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#### Disclaimer and Signature

I certify that the information contained in this application is correct to the best of my knowledge and understand that any falsification, misrepresentation or omission on this application is grounds for refusal to hire, or if hired, dismissal. I authorize any of the persons or organizations referenced in this application to give All Faiths Food Bank any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties and All Faiths Food Bank from all liability for any damage that may result from furnishing such information. I authorize All Faiths Food Bank to request and receive such information.

*If employed, I understand that I will be an employee "at will" and All Faiths Food Bank or I may terminate my employment relationship at any time with or without notice for any reason.* 

If employed, I agree to comply with All Faiths Food Bank rules, regulations and policies, and acknowledge that these rules, regulations and policies may be changed, interpreted, withdrawn, or supplemented any time, and without prior notice to me.

I acknowledge that any offer of employment, or my acceptance of an employment offer, if such is to occur, may be withdrawn, with or without cause, and with or without prior notice, at any time, at the option of All Faiths Food Bank or myself. I understand that this application and any other documents which I may receive are not contracts of employment. I further understand that no representative of All Faiths Food Bank other than the Executive Director has any authority to enter into any agreement for employment for any specified period of time or to assure any other personnel action, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment or make any agreement contrary to the foregoing.

*This application is current for only 60 days. At the conclusion of this time, if I have not heard from All Faiths Food Bank, and still wish to be considered for employment, it will be necessary to fill out a new application.* 

All Faiths Food Bank embraces a philosophy that recognizes and values diversity. Our goal is to attract, develop, retain and promote a talented diverse workforce in a culture where all employees will contribute to their fullest potential.

Signature of Applicant

Date



	of our employees, volunteers, and the community in tingent upon proof of current COVID vaccination and
Signature of Applicant	Date
All Faiths Food Bank, for the safety of our employ serve, that all employees comply with COVID prot	
Signature of Applicant	Date
All Faiths Food Bank requires that all offers of a formal background check, with a review of th testing. By signing below, I am giving All Faiths background check and I am agreeing to a pre-e	Food Bank permission to conduct such a
Signature of Applicant	Date
SSN	 DOB