

APPLICATION FOR EMPLOYMENT



NAME (last, first, middle)				DATE
ADDRESS	CITY & STATE		ZIP	EMAIL ADDRESS
				HOME#
				CELL #
If hired, can you furnish proof that you are legally permitted to work in the U.S. YES <input type="checkbox"/> NO <input type="checkbox"/>				Are You Over 18? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you applied to this organization before? If YES, when? _____ <input type="checkbox"/> NO		How did you hear about the Shared Harvest FoodBank? <input type="checkbox"/> Ad _____ <input type="checkbox"/> Walk-in <input type="checkbox"/> Friend/Family <input type="checkbox"/> Served as a Volunteer		
Are you presently on layoff/leave of absence from any other company? YES <input type="checkbox"/> NO <input type="checkbox"/>		Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Do you have any commitments with another employer that might affect your employment with Shared Harvest Foodbank? If YES, Explain. _____				
Position Applying For:		Desired Salary \$		Date Available for Work
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/>		Driver's License # (May be required in position for which you are applying) # _____ State _____		
EDUCATION				
School Name and Location	Dates of Attendance	Date Graduated	Major	Diploma/Degree Awarded
High School				Did you graduate? Y N
	Dates of attendance not needed for high school	Graduation date not needed for high school		
College(s)	From	To		
Graduate/Other Education				
List special accomplishments, publications, awards (Exclude those which may disclose your race, color, religion or national origin)				

EMPLOYMENT BACKGROUND(List Most Recent Employer First-Up to Last 10yrs)

Employer Name and Address	Supervisor	Telephone
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Position and Duties

Start Date	End Date	Starting Salary	Last Salary	Reason for Leaving
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Employer Name and Address	Supervisor	Telephone
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Position and Duties

Start Date	End Date	Starting Salary	Last Salary	Reason for Leaving
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Employer Name and Address	Supervisor	Telephone
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Position and Duties

Start Date	End Date	Starting Salary	Last Salary	Reason for Leaving
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REFERENCES (List three individuals who can attest to your professional abilities/work accomplishments.)

Name	Address	Telephone	Occupation

Membership (in Professional or Civic Organizations)	
Organization	Office Held

PROFICIENCIES (List any valid professional certifications, licenses, any languages, other than English, that you speak, read or write.)

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List all computer software that you have a working knowledge of:

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 Shared Harvest Foodbank 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 the Shared Harvest Foodbank from all liability for any damage that may result from furnishing such information. I authorize Shared Harvest Foodbank to request and receive such information.

If employed, I understand that I will be an employee "at will" and Shared Harvest Foodbank or I may terminate my employment relationship at any time with or without notice for any reason.

If employed, I agree to comply with Shared Harvest Foodbank's 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 Shared Harvest Foodbank or me. I further understand that no representative of Shared Harvest Foodbank 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.

I acknowledge that if a job offer is made, it may be contingent upon successful completion of a background check including a pre-employment drug test dependent upon position.

Shared Harvest Foodbank 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