

Employment Application

Tri-State Food Bank Uses E-Verify System In Conjunction With Homeland Security and the Social Security Administration

Last Name, First Initial:

Personal Information

Name (Last, First, MI)

Street address

City, State, Zip

Home phone number

Work phone number

Facsimile number

E-mail address

Social security number

Driver's license number/state/expiration

(if job involves any driving)

Employment Desired

Position applied for

How did you hear about this position?

Date available for work

Desired hours (full time, part time, etc.)

Education

| | Name and Address of School | Course of Study | Total Years of Study | Degree/ Diploma |
|------------------------|----------------------------|-----------------|----------------------|-----------------|
| High School | | | | |
| Undergraduate College | | | | |
| Graduate/ Professional | | | | |
| Other (Specify) | | | | |

Today's Date:

List any seminars, classes or other education not listed above which may help qualify you for this position (if you need additional space, please use page 7):

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Employment Application

Employment History

List below all present and past employers over the past ten years, starting with your **most recent** employer. Account for all periods of unemployment. You must complete this section even if attaching a resume. May we contact your current employer? YES NO

| | | | | | |
|----|---|------------------------------|-----------------|---|----|
| 1. | Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No) | Start Date | End Date | Essential job functions of final position | |
| | Address | | | 1. | |
| | City, State, Zip | | Starting Salary | Ending Salary | 2. |
| | Phone number | | | | 3. |
| | Fax number | Supervisor(s) | | 4. | |
| | Job position(s) | E-mail address of supervisor | | | |
| | Reason(s) for leaving | | | | |
| | What value did you add to this company or its customers? | | | | |
| | | | | | |
| | | | | | |
| 2. | Employer | Start Date | End Date | Essential job functions of final position | |
| | Address | | | 1. | |
| | City, State, Zip | | Starting Salary | Ending Salary | 2. |
| | Phone number | | | | 3. |
| | Fax number | Supervisor(s) | | 4. | |
| | Job position(s) | E-mail address of supervisor | | | |
| | Reason(s) for leaving | | | | |
| | What value did you add to this company or its customers? | | | | |
| | | | | | |
| | | | | | |

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Employment History

| | | | | |
|----|--|------------------------------|---------------|---|
| 3. | Employer | Start Date | End Date | Essential job functions of final position |
| | Address | | | 1. |
| | City, State, Zip | Starting Salary | Ending Salary | 2. |
| | Phone number | | | 3. |
| | Fax number | Supervisor(s) | | 4. |
| | Job position(s) | E-mail address of supervisor | | |
| | Reason(s) for leaving | | | |
| | What value did you add to this company or its customers? | | | |
| | | | | |
| | | | | |
| 4. | Employer | Start Date | End Date | Essential job functions of final position |
| | Address | | | 1. |
| | City, State, Zip | Starting Salary | Ending Salary | 2. |
| | Phone number | | | 3. |
| | Fax number | Supervisor(s) | | 4. |
| | Job position(s) | E-mail address of supervisor | | |
| | Reason(s) for leaving | | | |
| | What value did you add to this company or its customers? | | | |
| | | | | |
| | | | | |

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Employment History

| | | | | | |
|----|--|------------------------------|-----------------|---|----|
| 5. | Employer | Start Date | End Date | Essential job functions of final position | |
| | Address | | | 1. | |
| | City, State, Zip | | Starting Salary | Ending Salary | 2. |
| | Phone number | | | | 3. |
| | Fax number | Supervisor | | 4. | |
| | Job position(s) | E-mail address of supervisor | | | |
| | Reason(s) for leaving | | | | |
| | What value did you add to this company or its customers? | | | | |
| | | | | | |
| | | | | | |
| 6. | Employer | Start Date | End Date | Essential job functions of final position | |
| | Address | | | 1. | |
| | City, State, Zip | | Starting Salary | Ending Salary | 2. |
| | Phone number | | | | 3. |
| | Fax number | Supervisor | | 4. | |
| | Job position(s) | E-mail address of supervisor | | | |
| | Reason(s) for leaving | | | | |
| | What value did you add to this company or its customers? | | | | |
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Additional Information

List any professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, ancestry, age, disability or any other protected status.

List any languages other than English that you can speak, read or write that could be of benefit to the position applied for:

| | Fluent | Good | Fair |
|-------|--------|------|------|
| Speak | | | |
| Read | | | |
| Write | | | |

Identify formal job training that relates to this position:

Identify what skills or certification you possess related to this position:

If you are hired, what value would you add to our company?:

Describe what you believe are the most unique features of your work history:

Employment Application

Additional Information

Have you ever been employed with this company before? Yes No
If Yes, when?

Do you have any friends or relatives employed by this company? Yes No
If Yes, please provide their names and relationship to you:

Are you currently employed? Yes No
May we contact your employer? Yes No
Are you currently on "lay off" status and subject to recall? Yes No

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.? Yes No

Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No

If hired, are there any accommodations the company would need to provide so that you can perform all those essential functions and duties of the position being applied for? Yes No
If Yes, please explain:

If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence "(DUI)" Yes No N/A

If hired, do you have a reliable means of transportation to and from work? Yes No

If hired, would you be able to travel or work overtime as needed? Yes No

Have you ever been convicted of a felony or misdemeanor? Yes No
If Yes, please explain:

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References

List below three persons not related to you who have knowledge of your work performance within the last 5 years

| | | |
|--------------|---------|---------------------------------|
| Name | | Occupation |
| Company name | Address | |
| Telephone | E-mail | Relationship & years acquainted |

| | | |
|--------------|---------|---------------------------------|
| Name | | Occupation |
| Company name | Address | |
| Telephone | E-mail | Relationship & years acquainted |

| | | |
|--------------|---------|---------------------------------|
| Name | | Occupation |
| Company name | Address | |
| Telephone | E-mail | Relationship & years acquainted |

Additional Space

Additional space provided to expand on any points or questions asked previously in this application

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PLEASE USE ADDITIONAL PAPER IF NECESSARY

Employment Application

Please read each statement closely and initial each acknowledging your understanding

Equal Employment Opportunity Statement

_____ This company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider

Discrimination and Sexual Harassment Policy Statement

_____ This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

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Disclosure to Applicants Concerning Drug/Alcohol Testing

_____ If you are offered a position with the Company, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

Complete and Accurate Information

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

At-Will Employment

_____ I understand and agree that if I am employed, my employment will be "at-will", which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superceded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company's president.

Testing Authorization

_____ If offered a position with the Company, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by the Company as a condition of employment.

Investigation Authorization

_____ I authorize investigation into all statements and references contained in this application. Said investigation may include credit, driving, criminal background, references and other background checks. By applying for this job, I also authorize post-hire investigation into my credit, driving and criminal background.

Company Obligation

_____ I understand and agree that the Company's acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result of accepting this completed application.

I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY THE COMPANY.

Signature

Date