

Application for Employment

Human Resources

3403 E. Central Avenue

Fresno, CA 93725

Phone 559-237-3663

www.communityfoodbank.net



Position and Availability				
Position Applying for:		Date of Application:		Posting Number:
Work Availability: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> On Call				
Applicant Information				
Last Name		First Name	Middle Name	Have you ever been known by another name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list name(s) below: _____
Address: _____ No. and Street _____ City, State, Zip		Home Phone: _____	Cell Phone: _____	Message Phone: _____
Email Address: _____				
Personal Information				
Can you after employment, submit verification of your legal right to work in the United States of America? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Are you over the age of 18? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Have you ever been employed by Community Food Bank? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list dates of past employment:				
Do you have relatives employed by Community Food Bank? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes give names and relationship:				
Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Misdemeanor convictions for marijuana-related offenses that are more than two years old need not be listed.) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state nature of the crime, when and where convicted and disposition of the case. _____				
(Note: (No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)				
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> No <input type="checkbox"/> Yes If no, describe the functions that cannot be performed. _____ (Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)				
Education and Training				
Name of School	City and State	Did you Graduate?	Year Received	Diploma, Certificate, or Degree Obtained /Major Area of Study
High School		<input type="checkbox"/> No <input type="checkbox"/> Yes		
College or University		<input type="checkbox"/> No <input type="checkbox"/> Yes		
Post Graduate		<input type="checkbox"/> No <input type="checkbox"/> Yes		
Other Education or Training		<input type="checkbox"/> No <input type="checkbox"/> Yes		
Skills and Knowledge				
Do you have any other experience, training, qualifications or skills which you feel make you especially suited for this position?				
<input type="checkbox"/> Computer Skills: _____				
<input type="checkbox"/> Language(s): _____				
<input type="checkbox"/> License(s): Are you licensed for the job that you are applying for? <input type="checkbox"/> No <input type="checkbox"/> Yes State of Issue: _____ Lic. #: _____ Expiration Date: _____				
What interests you in working for Community Food Bank? _____ _____				

Employment History

List below all present and past employment starting with your most recent employer (last ten years is sufficient). Account for all periods of unemployment. If you need addition sections to list additional employment, you may attach a resume. You must complete this section even if attaching a resume.

Dates of Employment From: To:	Position Title:	Duties:
	Salary:	
	Employer Name: Phone Number: May we contact: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Reason for leaving:		<input type="checkbox"/> Involuntary <input type="checkbox"/> Voluntary
Dates of Employment From: To:	Position Title:	Duties:
	Salary:	
	Employer Name: Phone Number: May we contact: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Reason for leaving:		<input type="checkbox"/> Involuntary <input type="checkbox"/> Voluntary
Dates of Employment From: To:	Position Title:	Duties:
	Salary:	
	Employer Name: Phone Number: May we contact: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Reason for leaving:		<input type="checkbox"/> Involuntary <input type="checkbox"/> Voluntary

References

List the names of at least three persons, not relatives, who are familiar with your character, ability or education for then one year.

Last Name	First Name	Employer/ Address	Title	Phone

Applicant Acknowledgement

Please read carefully, initial each paragraph and sign below:

_____ I certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answer give by me are true and correct and to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission of misstatement of material fact on the application or on any 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.

_____ I hereby authorize Community Food Bank to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Community Food Bank any and all letters, reports and other information related to my work records, with out giving me prior notice of such disclosure. In addition, I hereby release Community Food Bank, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities, arising out of or in any way related to such investigation or disclosure.

_____ I understand and agree that employment is "At-Will", meaning, employment may be terminated by either myself or Community Food Bank at any time, with or without cause, and with or without notice. I also understand and agree that Community Food Bank retains the right to demote, transfer, change my job duties, and my compensation at anytime with or without notice and with or without cause in its sole discretion.

Date: _____ Signature of Applicant: _____