

## COMMUNITY ACTION SERVICES AND FOOD BANK

### EMPLOYMENT APPLICATION - PLEASE PRINT

Date \_\_\_\_\_

\_\_\_\_\_

Last Name	First Name	MI	Social Security #
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Street Address	City	State	Zip Code
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Email address \_\_\_\_\_

Work Phone	Home Phone	Cell Phone
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Emergency Contact	Relationship	Phone
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#### EMPLOYMENT DESIRED

Position desired: \_\_\_\_\_

#### GENERAL INFORMATION

Do you have any relatives working at this worksite?  Yes  No  
 If yes, provide name(s) and relationship:

Name _____	Relationship _____
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Name _____	Relationship _____
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If hired, can you present proof of your legal right to live and work in the United States?  Yes  No

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

Are you at least 18 years old?  Yes  No

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

If no, describe the functions that cannot be performed.

\_\_\_\_\_  
 (We will comply with the ADA and consider reasonable accommodation measure 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)

Have you been convicted of a felony within the past seven 7 years?  Yes  No

(Convictions for marijuana-related offenses that are more than two years old do not need to be listed)

If yes, state the nature of the crime(s), when and where convicted, and disposition of the case.

\_\_\_\_\_  
 (No applicant will be denied employment solely on the grounds of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.)

#### EDUCATION, TRAINING AND EXPERIENCE

Name & Address of Schools	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College / University		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational / Business		<input type="checkbox"/> Yes <input type="checkbox"/> No	

#### REFERENCES - List two persons not related to you who have knowledge of your work performance within the last three years

Name	Address	Phone
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**PROFESSIONAL LICENSES/CERTIFICATIONS - COMPLETE this section if you are applying for a position requiring licensing or certification.**

Are you licensed/certified for the job applied for?  Yes  No

Name of license/certification: \_\_\_\_\_ Issuing state: \_\_\_\_\_

License/certification number \_\_\_\_\_

Has your license/certification ever been revoked or suspended?  Yes  No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement. \_\_\_\_\_

**EMPLOYMENT HISTORY - List all present and past employment for the past seven years, starting with your most recent employer. Account for all periods of unemployment.**

**\*\* YOU MUST COMPLETE THIS SECTION EVEN IF ATTACHING A RESUME \*\***

Name of Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

Name of Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

Name of Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

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Name of Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

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Name of Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

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Name of Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

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**MILITARY SERVICE**

Have you obtained any special skills or abilities as a result of service in the military?  Yes  No

If so, please describe: \_\_\_\_\_

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**FOREIGN LANGUAGE**

Do you speak, write or understand any foreign languages?  Yes  No

If yes, what language(s): \_\_\_\_\_

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**APPLICANT'S STATEMENT AND AGREEMENT**

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, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this 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.

\_\_\_\_\_  
Initials

I hereby authorize the Company 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 the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, 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.

\_\_\_\_\_  
Initials

**I understand that my employment and compensation is "at-will" and nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company.** In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

\_\_\_\_\_  
Initials

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company. I am entitled to copies of any such public records obtained by the Company unless I check the box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

\_\_\_\_\_  
Initials

I waive receipt of a copy of any public record described in the paragraph above.

I acknowledge that the Company promotes a voluntary system of alternative dispute resolution, which involves binding arbitration to resolve all disputes which may arise out of, involving, affecting or related in any way to this agreement or a breach of this agreement, or arising out of, involving, affecting or related in any way to employment or the conditions of employment or the termination of employment. I voluntarily agree that any claims, dispute, and/or controversy (including, but not limited to, any claims of discrimination and harassment, whether they be based on state or federal laws or regulations) shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in accordance with the applicable rules of the American Arbitration Association in the state where I am employed, or was last employed by \_\_\_\_\_. The arbitrator shall be entitled to award reasonable attorney fees and costs to the prevailing party. The award shall be in writing, signed by the arbitrator, and shall provide the reasons for the award. Judgment upon the arbitrator's award may be filed in and enforced by any court having jurisdiction. I understand this agreement does not prevent me from filing a charge or claim with any governmental administrative agency as permitted by applicable law.

\_\_\_\_\_  
Initials

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.

\_\_\_\_\_  
Initials

**If you have any questions regarding this statement, please ask a representative of the Company before signing. I hereby acknowledge that I have read the above statements and understand the same.**

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT AND AGREEMENT.**

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date