

Application for Employment

Human Resources

4010 E. Amendola Dr.

Fresno, CA 93725

Phone 559-237-3663

www.cfoodbank.org



| Position and Availability | | | | |
|---|----------------|--|--|---|
| Position Applying for: | | | Date: | |
| 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 | | Home Phone: | _____ | |
| City, State, Zip | | Cell Phone: | _____ | |
| Email Address: | | Message Phone: | _____ | |
| 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 Central California Food Bank? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list dates of past employment: | | | | |
| Do you have relatives employed by Central California Food Bank? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes give names and relationship: | | | | |
| 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 Central California 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 additional 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: | | |
| Employer Name: Phone Number: May we contact: <input type="checkbox"/> No <input type="checkbox"/> Yes | Employer Address: | | | |
| Reason for leaving: | | | | <input type="checkbox"/> Involuntary <input type="checkbox"/> Voluntary |
| Dates of Employment From: To: | Position Title: | Duties: | | |
| Employer Name: Phone Number: May we contact: <input type="checkbox"/> No <input type="checkbox"/> Yes | Employer Address: | | | |
| Reason for leaving: | | | | <input type="checkbox"/> Involuntary <input type="checkbox"/> Voluntary |
| Dates of Employment From: To: | Position Title: | Duties: | | |
| Employer Name: Phone Number: May we contact: <input type="checkbox"/> No <input type="checkbox"/> Yes | Employer Address: | | | |
| 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 one year.

| Last Name | First Name | Employer/ Address | Title | Phone |
|-----------|------------|-------------------|-------|-------|
| | | | | |
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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 answers given 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 Central California 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 Central California 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 Central California 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 Central California Food Bank at any time with or without cause and with or without notice. I also understand and agree that Central California 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: _____