

EMPLOYMENT APPLICATION FORM							
PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE							
Name:							
Last	Fi	rst M	iddle				
Present Address:							
Number Str		· · · · · · · · · · · · · · · · · · ·	ate Zip				
Length of Time at Th	is Address:	Telephone:					
Email Address:							
Position Applied For	:						
	EDUCATIO	N & OTHER INFORMATION					
TYPE OF SCHOOL	NAME OF SCHOOL	MAILING ADDRESS	NO. OF YEARS COMPLETED	MAJOR & DEGREE			
High School							
College							
Bus. or Trade School							
Professional School							
Schools - other							
Do you have a driver's license?							
What is your means of transportation to work?							
Driver's License Number: State of issue: ☐ Operator ☐ Commercial (CDL) ☐ Chauffeur							
Expiration Date:							
Have you had any accidents during the past three years? How many?							
Have you had any moving violations during the past three years? How many?							
Can you provide evidence of auto liability insurance?							

Typing	☐ Yes	wpm	Personal Computer	□ Yes □ No	PC Mac	<u> </u>	
Other Skills:							
Please list two references other than relatives or previous employers.							
Name:			Name	:			
Position:			Positi	on:			
Company	/ :		Comp	any:			
Address			Addre	ess:			
Telephor	ie:		Telepi	hone:			
An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to describe your full qualifications for the specific position for which you are applying.							
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MILITARY							
Have you	ı served in th	e Arm ed Forces?		′es □ No			
Are you	now a membe	er of the National Gu	ard?	′es □ No			
Specialty	7	Date Ente	ered	I	Discha	rge Date	

		Please list your work experience for the past five years beginning with your						
Work Experience		current employer or most recent job held. If you were self-employed, give firm						
	name. Attach additional sheets if necessary.							
Job One								
Name of Employer:		Name of Last Supervisor	Employment Dates	Salary				
Complete Address:		<u> </u>	From:	Start:				
			То:	Final:				
Phone Number:		Your Last Job Title:						
Reason for Leaving (be specific):								
May be contact your pre								
List the jobs you held, d while you worked at this		erformed, skills used or learn ny.	ed, advancements or p	promotions				
Job Two								
Name of Employer:		Name of Last Supervisor:	Employment Dates	Salary				
Complete Address:			From:	Start:				
			То:	Final:				
Phone Number:	Number: Your Last Job Title:							
Reason for Leaving (be specific):								
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.								
willie you worked at this company.								
Job Three								
Name of Employer:		Name of Last Supervisor:	Employment Dates	Salary				
Complete Address:			From:	Start:				
			То:	Final:				
Phone Number:		Your Last Job Title:						
Reason for Leaving (be specific):								
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.								

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Elk Grove Food Bank Services (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Elk Grove Food Bank Services, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Executive Director of the Company. Both the undersigned and Elk Grove Food Bank Services may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise policies and procedures, including the job description for the position I am applying for.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is dependent on continual compliance of these policies. I further understand that continued employment may be based on the ability to meet the necessary job-related physical demands.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment with the Company is terminable at will for any reason by either party.

Signature of Applicant

Date:

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for your interest in working for Elk Grove Food Bank Services