



Employment Application

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis of prohibited status by local, state or federal law. Equal access to employment, services, and programs are available to all persons. Those applicants requiring reasonable accommodation to complete the application and/or during the interview process should notify a representative of our organization.

Position Applied For: _____ Date: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone: _____ Email: _____ Available Start Date: _____

Who referred you or how did you learn about this position? _____

Please provide names of any relatives employed by our food bank: _____

Have you worked for our food bank before? Yes No Dates: _____

Are you currently employed? Yes No If not, how long since leaving last employment? _____

Are you currently on "layoff" status and subject to recall? Yes No

May we contact your current employer? Yes No

Are you available to work overtime, holidays, weekends? Yes No

Are you physically able or otherwise able to perform the duties of the job for which you are applying? Yes No

Can you travel if required by this position? Yes No

Can you submit proof of legal employment authorization and identity? Yes No

If you are under 18 years of age, can you furnish a work permit if it is required? Yes No N/A

Do you have a valid Minnesota Driver's License? Yes No License Number: _____

List any driving infractions during the past five years: _____

If you are applying for a driving position, which does require interstate travel, are you over age 21? Yes No

Employment History

Driver Positions: The U.S. Department of Transportation requires that driver applications show all employment for the past three years. Drivers must also show commercial driver employment for the seven years proceeding this three year period (separate driver application available). 391.21 (b)(10), (11)

Non-Driver Positions: Please provide all employment information for your past four employers starting with the most recent.

Current Employer: _____ Supervisor: _____

Address: _____
Street City State Zip Code

Telephone: _____

Position Held: _____ From: _____ To: _____ Salary: _____
Mth/Yr Mth/Yr

Reason for Leaving: _____

Employer: _____ Supervisor: _____

Address: _____
Street City State Zip Code

Telephone: _____

Position Held: _____ From: _____ To: _____ Salary: _____
Mth/Yr Mth/Yr

Reason for Leaving: _____

Employer: _____ Supervisor: _____

Address: _____
Street City State Zip Code

Telephone: _____

Position Held: _____ From: _____ To: _____ Salary: _____
Mth/Yr Mth/Yr

Reason for Leaving: _____

Employer: _____ Supervisor: _____

Address: _____
Street City State Zip Code

Telephone: _____

Position Held: _____ From: _____ To: _____ Salary: _____
Mth/Yr Mth/Yr

Reason for Leaving: _____

Additional Applicant Information

Other Skills and Qualifications:

Educational History

List school name and locations, years completed, course of study and any degrees earned.

High School:

College:

Technical Training:

Other:

References

List three references: names, phone numbers and years known (do not include relatives or employers)

1.

2.

3.

Please use the space below to provide any additional information about yourself that will help us as we consider your application. Thank you.

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application.

I hereby consent to and authorize Second Harvest Northern Lakes Food Bank (SHNLFB) to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, education institutions and references. I further consent to and authorize the release of any reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information and reason for separation from employment relating to any employment with former employers and like information from listed references. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment.

I also hereby release from liability SHNLFB and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons/organizations for providing such information.

I understand that, as an applicant for a position with SHNLFB, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug and/or alcohol test. I hereby consent to such exams/testing.

I understand that as a condition of employment with SHNLFB or as a condition of continued employment, SHNLFB may obtain a consumer report from a third party that includes employment, education and social security verifications, criminal/civil history, DMV records, public records, and reference checking. I authorize and give consent to SHNLFB to obtain such reports. I understand that pursuant to the Federal Fair Credit Reporting Act (FCRA) that SHNLFB will provide me with a Summary of Rights under FCRA. If the information contained within the report is used to make an adverse decision regarding my employment status, SHNLFB will provide me with the name and address of the reporting agency that produced the report.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed by SHNLFB, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationships at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of SHNLFB not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by ADA.

I understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

If hired, I agree to abide by all the policies and procedures of SHNLFB.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions of my own free will and in accordance with my own judgment. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____