



Inter-Faith Food Shuttle

We feed. We teach. We grow.

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER AND DRUG FREE WORKPLACE

Application Date ____/____/____
Month Day Year

1. CURRENT INFORMATION

Name (Type or Print as on Social Security Card) _____
Last First Middle

Position(s) applied for _____

This application is for Full Time Part Time Temporary (normally, 3 months or less)

Date available for work ____/____/____ Minimum annual salary acceptable \$ _____
Month Day Year

Present Mailing Address _____
Street & No. or RFD City State Zip Code

Permanent Mailing Address _____
Street & No. or RFD City State Zip Code

Telephone: Home: (____) _____ Cell: (____) _____ Email Address: _____

Citizenship: U.S. If not U.S., Visa Type _____ Date Granted ____/____/____ Immigrant No: _____
Month Day Year

Military Service: Are you a veteran? No Yes Dates of Military Service: From ____/____/____ to ____/____/____
Month Year Month Year

2. EDUCATION (Give your complete history below, institutions must be accredited)

High School _____ Ending Date ____/____ Check highest school year completed
9 10 11 12

Education Beyond High School	Name and Location	Attended				Check Number Years Completed	Credit Hours	Degree or Diploma	Year Received	Major Subject
		From		To						
		Mo.	Yr.	Mo.	Yr.					
College or University						1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>				
Graduate or Professional						1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>				
Other (Internship, etc.)						1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>				

If your education includes courses specifically related to a position sought, please indicate these courses below.

Subject	School	Credits	Grade	Subject	School	Credits	Grade

Are you enrolled in school now? No Yes If yes, where? _____ Course of Study? _____

Fields or work for which you are licensed, registered, or certified. Give date(s) and source(s) of issuance. _____

3. SKILLS (Please list any skills and abilities you wish considered. Include skills with equipment or machines you operate, special computer knowledge, etc. If you wish consideration for a secretarial position, indicate speed for word processing).

(A) _____ (D) _____ (G) _____

(B) _____ (E) _____ (H) _____

(C) _____ (F) _____ (I) _____

4. GENERAL INFORMATION

a. Are you employed? No Yes If Yes, may we inquire of your employer regarding your experience and qualifications? No Yes

b. Have you ever been employed by the Inter-Faith Food Shuttle? No Yes If Yes, give date _____

c. Will you accept employment requiring night or weekend work? No Yes

d. Are you related by blood or marriage to any person now employed by the Inter-Faith Food Shuttle? No Yes
If yes, give name, relationship and department in No. 5.

e. Have you ever been convicted of any offense (other than a minor traffic violation with a fine of \$50.00 or less)? No Yes If Yes, explain in No. 5.

f. Do you have any criminal history that would adversely affect your capacity to work with children or adult volunteers?
If yes, explain in No. 5.

No Yes

5. EXPLANATIONS Use this space to explain an answer (Answers to correspond to questions on preceding page in No. 4. Attach additional sheet if needed.)

6. EMPLOYMENT RECORD (List your present or most recent employer FIRST. If necessary, use a continuation sheet.)

A. Title of present or last position _____ Starting salary _____ Last salary _____

Date employed	Mo. ____ Yr. ____
Date separated	Mo. ____ Yr. ____
Full-time	Yrs. ____ Mo. ____
Part-time	Yrs. ____ Mo. ____
If part-time, number of hours worked per week. _____	

Employer _____ Name and title of supervisor _____

Telephone _____ Address _____

Duties _____

Reason for leaving _____

B. Title of present or last position _____ Starting salary _____ Last salary _____

Date employed	Mo. ____ Yr. ____
Date separated	Mo. ____ Yr. ____
Full-time	Yrs. ____ Mo. ____
Part-time	Yrs. ____ Mo. ____
If part-time, number of hours worked per week. _____	

Employer _____ Name and title of supervisor _____

Telephone _____ Address _____

Duties _____

Reason for leaving _____

C. Title of present or last position _____ Starting salary _____ Last salary _____

Date employed	Mo. ____ Yr. ____
Date separated	Mo. ____ Yr. ____
Full-time	Yrs. ____ Mo. ____
Part-time	Yrs. ____ Mo. ____
If part-time, number of hours worked per week. _____	

Employer _____ Name and title of supervisor _____ Telephone _____

Address _____ Duties _____

Reason for leaving _____

The Inter-Faith Food Shuttle reserves the right to contact the above employment references.

We would like to keep you continuously advised about the status of your application. However, this is not possible due to limited time and funds. We will contact you if you are selected for an interview. All such selections are based upon job-related factors, such as evidence of knowledge, skills and abilities required by the specific available position opening.

As part of our Drug Free Workplace Program, employees of the Inter-Faith Food Shuttle are subject to drug testing.

I hereby certify that all statements on this application are true and complete to the best of my knowledge and belief. If employed I understand that any falsification of this application may be considered cause for termination.

Signature _____ Date _____

Inter-Faith Food Shuttle
(919) 250-0043