

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER AND DRUG FREE WORKPLACE

									Appl	lication Date Mon	/	_/	<u> </u>
	RENT INFO		ty Cord)							Mon	шт Бау	1 64	ı
ivallie (Name (Type or Print as on Social Security Card)					Last					Middle		
Position	n(s) applied fo	r											
This ap	oplication is for	Full Time	Part Time		Ter	npora	ary (n	ormally, 3 months or	less) □				
Date av	vailable for wo	rk/ Month Day	Year					Minimum annua	al salary acce	ptable \$			
Presen	t Mailing Addr	ess	Street & No. o	r DED				City		9	tate	Zip Co	do
Permai	nent Mailing A	ddress										·	
								City Email Address	s:		State Zip Code		
Citizen	ship: U.S. □	If not U.S., Visa	Туре			Da	ate G	ranted / Month Day	/Ir	nmigrant No:			
iviiiitary	Service: Are	you a veteran?	NO □ Yes □					Dates of Military	Service: Fro		to _	Month	Year
	,	ve your complete h	•					,	Ending Dat	_	ghest scho	,	'
High S	chool								/	<u></u>	9 🗆 10 🗆] 11[□ 12 □
Education		Name			Atte	nded	Lo	Check	Month Ye	Pagras	Vaar		Maiar
Beyond High School College or		Name and Location	1	Mo.	om Yr.	Mo.	o Yr.	Number Years Completed	Hours	Degree or Diploma	Year Receive		Major Subject
University								1 2 3 4 4					
Graduate or Professional								1 2 3 4 4					
Other (Internship, etc.)								1 2 3 4 4					
If your educa	ation includes co	ourses specifically re	lated to a posit	ion so	ought,	pleas	e indi	cate these courses belo	w.				
Sub	Subject School			Cr	edits	Grade		Subject	School			Credits Grade	
Are you on	rolled in schoo	Inow2 No□ \	/oc □ If vo	oc wh	noro?		<u> </u>		Course	of Study?			
			,	,									<u>.</u>
	•							arce(s) of issuance					
		st any skills and abi leration for a secreta						skills with equipment d processing).	or machines	you operate, spe	ecial comp	uter kr	owledge,
(A)			(D)						(G)				
(B)			(E)						(∐)				
(C)			(F)						(I)				
4 GENE	ERAL INFO	RMATION											
_	u employed?	_	If Yes, may we	e inqu	ire of	your	emplo	yer regarding your exp	erience and qua	alifications? No	□ Yes [
-		employed by the Inf							e date				
•		oyment requiring ni ood or marriage to	_					′es □ Inter-Faith Food Shu	ttle? No □	Yes □			
If yes, g	give name, rela	ationship and depar	tment in No.	5.									
e. Have yo	u ever been con	victed of any offense	(other than a m	inor t	raffic	violat	ion w	ith a fine of \$50.00 or le	ess)? No 🗆	Yes ☐ If Yes, e	explain in N	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 □

. EMPLOYMENT RECORD	(List your present or most recent emp	loyer FIRST. If necessary, use a contin	uation sheet.)	
. Title of present or last position		Starting salary	Last salary	
· · · -		Name and title of s		
Date employed MoYr		Address		
Date separated MoYr				
Full-time YrsMo				
Part-time Yrs Mo				
If part-time, number of hours	Reason for leaving			
worked per week	Troubon for loaving			
		Starting	Last	
Title of present or last position		salary		
	Employer	Name and title of s	supervisor	
Date employed MoYr	Telephone	Address		
Date separated MoYr	Duties			
Full-time Yrs Mo				
Part-time Yrs Mo				
If part-time, number of hours worked per week	Reason for leaving			
. Title of present or last position		Starting salary	Last salary	
	Employer	Name and title of super		Telepho
Date employed MoYr				
Date separated MoYr				
Full-time YrsMo				
Part-time Yrs Mo	Reason for leaving			
If part-time, number of hours	<u></u>			
worked per week	the right to contact the above empl	ovment references.		
	sly advised about the status of your	•	ossible due to limited time	e and funds. We
	or an interview. All such selections a			
	Program, employees of the Inter-Fait	h Food Shuttle are subject to drug	testing.	
ereby certify that all statements on sification of this application may be co	this application are true and compleonsidered cause for termination.	ete to the best of my knowledge an	d belief. If employed I und	erstand that any
	Signature		Date	