



EMPLOYMENT APPLICATION

It is Sacramento Food Bank & Family Services' (SFBFS) policy to comply with applicable state and federal laws prohibiting discrimination in employment based on race, age, color, national origin, disability or other protected classification. Please complete the following application, please print.

CONTACT INFORMATION

Date of Application _____

Name _____
LAST FIRST MIDDLE

Business Telephone _____ Home Telephone _____

Address _____
NO. STREET CITY STATE ZIP CODE

EMPLOYMENT DESIRED

Position applying for _____

Please indicate the type of employment you are seeking by checking any of the following which apply.

Regular full-time work YES NO Days and hours available _____

Regular part-time work YES NO Days and hours available _____

Temporary work YES NO Days and hours available _____

If hired, on what date can you start work? _____

PERSONAL INFORMATION

Have you ever applied to or worked for SFBFS before? YES NO

If yes, when and where? _____

Do you have any relatives working for SFBFS? YES NO

If yes, state name(s) and relationship _____

Why are you applying for work at SFBFS? _____

Are you at least 18 years old? YES NO

(If under 18, hire is subject to verification that you are of minimum legal age and have been granted a student work permit, if applicable.)

If hired, can you present proof of your legal right to live and work in the United States? YES NO

Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations? YES NO

Have you ever been convicted of a crime other than a traffic violation? YES NO

(Note: when responding to this question, please do not include any of the following types of convictions: (1) misdemeanor convictions for marijuana-related offenses more than two years old; (2) convictions that have been sealed, expunged, or legally eradicated; and (3) misdemeanor convictions for which probation was successfully completed or otherwise discharged and the matter was judicially dismissed. A conviction is not an automatic bar to employment – each case will be considered on its own specific merits.)

If you answered YES, please identify /explain the charge, the court, the date of conviction, and the final disposition of the case _____

EDUCATION, TRAINING AND EXPERIENCE

School	Name and Address	No. of Years	Did you Graduate	Degree or Diploma
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
College/University			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Vocational/Business			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other			<input type="checkbox"/> YES <input type="checkbox"/> NO	

Many of our services are provided to persons who do not speak English.

Do you speak and/or write any foreign language? YES NO

If yes, which language(s) do you: SPEAK _____ WRITE _____

Do you have any other experience, training, qualifications or skills which you believe make you especially suited for work at SFBFS? If so, please explain _____

EMPLOYMENT HISTORY

Are you currently employed? YES NO

If so, may we contact your current employer? YES NO

Name of Employer _____

Address _____
NO. STREET CITY STATE ZIP CODE

Type of Business _____

Telephone _____ Your Supervisor's Name _____

Your Position and Duties _____

Dates of Employment: From _____ To _____

Pay per Hour _____ Pay per Month _____ Pay per Year _____

Work Schedule: Hours per Day _____ Days per Week _____ Months per Year _____

Reason for Leaving _____

Name of Employer _____

Address _____
NO. STREET CITY STATE ZIP CODE

Type of Business _____

Telephone _____ Your Supervisor's Name _____

Your Position and Duties _____

Dates of Employment: From _____ To _____

Pay per Hour _____ Pay per Month _____ Pay per Year _____

Work Schedule: Hours per Day _____ Days per Week _____ Months per Year _____

Reason for Leaving _____

Name of Employer _____

Address _____
NO. STREET CITY STATE ZIP CODE

Type of Business _____

Telephone _____ Your Supervisor's Name _____

Your Position and Duties _____

Dates of Employment: From _____ To _____

Pay per Hour _____ Pay per Month _____ Pay per Year _____

Work Schedule: Hours per Day _____ Days per Week _____ Months per Year _____

Reason for Leaving _____

REFERENCES (List three (3) persons not related to you who have knowledge of your work performance within the last three years.)

Name _____
LAST FIRST MIDDLE
Address _____
NO. STREET CITY STATE ZIP CODE
Occupation _____
Daytime Telephone _____ No. of Years Acquainted _____

Name _____
LAST FIRST MIDDLE
Address _____
NO. STREET CITY STATE ZIP CODE
Occupation _____
Daytime Telephone _____ No. of Years Acquainted _____

Name _____
LAST FIRST MIDDLE
Address _____
NO. STREET CITY STATE ZIP CODE
Occupation _____
Daytime Telephone _____ No. of Years Acquainted _____

APPLICANT'S STATEMENT (Please read carefully and sign below.)

I hereby certify that the information in this application form (and any attachments hereto) is true and correct to the best of my knowledge, and I agree to having these statements checked by SFBFS. I authorize my personal references and supervisors to provide information about my previous employment, education, and other matters related to my suitability for employment, and I further authorize those individuals to disclose to SFBFS that information without prior notice to me of such disclosure. I hereby release SFBFS and all other parties from any and all liability for any damages that may result from furnishing such information to SFBFS or any of its agents, employees or representatives.

I understand that if I have submitted any false or misleading information, or made any material omission from this application, it may result in my failure to receive an offer or, if I am hired, in my dismissal. I also understand and agree that my employment can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of SFBFS. No representative of SFBFS other than the Bishop of Sacramento (or his specific designee) has any authority to agree to the contrary. Further, no representative of SFBFS may alter the at-will nature of the employment unless it is done specifically in a written agreement signed by both of us. In consideration of my employment, if I become employed by SFBFS I agree to conform to all the rules, policies, and standards of conduct of SFBFS, particularly those principals set forth on in employee handbook. SFBFS is a member organization of the Diocese of Sacramento and Catholic Charities.

I understand that any offer of employment is conditioned on:

1. My providing satisfactory proof of my identity and legal authority to work in the United States.
2. Obtaining background fingerprint clearance through the California Department of Justice and Federal Bureau of Investigations. If I am applying for a position in which I will have access to fiduciary responsibilities or confidential information, additional clearance through Diocese background. Or if I am later transferred or promoted to such a position within SFBFS.

Applicant's Signature

Date