

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER AND DRUG FREE WORKPLACE

									App	lication Date Mon	/	_/	<u> </u>
	RENT INFO		(O)							IVIOII	ш Бау	1 62	ı
Name	Name (Type or Print as on Social Security Card)					Last					Middle		
Positio	n(s) applied fo	r											
This ap	oplication is for	r Full Time	Part Time		Ter	npora	ıry (n	ormally, 3 months or	less) □				
Date a	vailable for work / / Minimum annual salary acceptable \$												
Presen	nt Mailing Addr	ess	Street & No. or	r RED				City		9	tate	Zip Co	de
Perma	Permanent Mailing AddressStreet & No. or							City	State				
								Email Address	s:				
Citizen	nship: U.S. □	If not U.S., Visa	Гуре			Da	ite Gi	ranted/_ Month Day	/Ir	nmigrant No:			
wiiitary	Service: Are	you a veteran?	NO LI Yes L	1				Dates of Willitary	Service: Fro		to _ Year	Month	/Year
2. EDU	CATION (Giv	ve your complete hi	story below, i	nstitu	utions	mus	t be a	accredited)					
High S	School								Ending Dat	_	ghest scho	,	'
riigiro		Name						cation	Month Y	ear	<i>э</i>		
Education					Atte	nded		Check	Credit	Degree	Year		Major
Beyond High School		Name and Location	l	Fro Mo.	om Yr.	Mo.	o Yr.	Number Years Completed	Hours	or Diploma	Receiv		Subject
College or University								1 2 3 4 4					
Graduate or Professional								1 2 3 4 4					
Other (Intern- ship, etc.)	-							1 2 3 4 4					
If your educ	ation includes c	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 en	rolled in schoo	lnow? No□\	′es □ If ve	e wh	nere?		•		Course	of Study?	·		
Fields or wo	ork for which vo	u are licensed, registe	ered, or certifie	d. Giv	ve dat	e(s) aı	nd sou	arce(s) of issuance.		,			
								skills with equipment					
		deration for a secreta							or macrimes	you operate, spe	eciai comp	Julei Ki	iowieuge,
(A)			(D)						(G)				
(B)			<u>(E)</u>						(H)				
(C)			(F)						(I)				
4. GENE	ERAL INFO	RMATION											
-	u employed?	No □ Yes □ employed by the Int	-	_		-	_	yer regarding your exp Yes ☐ If Yes, giv	_	alifications? No			
		oyment requiring ni							c date				
If yes,	give name, rela	ationship and depar	tment in No.	5.				Inter-Faith Food Shu					
e. Have yo	ou 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	