

***Freedom from Hunger***  
**APPLICATION FOR EMPLOYMENT**

*It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, martial or veteran status, or the presence of a non-job related medical condition or handicap.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Telephone number \_\_\_\_\_ E-mail address \_\_\_\_\_

Are you over 18 years old?  Yes  No

Do you have the legal right to be employed in the United States?  Yes  No

If offered a position, the Immigration Reform and Control Act of 1986 requires you to furnish proof of your employment authorization and your identity before you can begin work.

How did you learn of this opening? \_\_\_\_\_

Have you worked here before?  Yes  No

Are there any hours, shifts or days you cannot or will not work? \_\_\_\_\_

Shift preferred \_\_\_\_\_ Part-Time \_\_\_\_\_ Full-Time \_\_\_\_\_

Are you willing to work overtime as required?  Yes  No

Can you travel if your job requires it?  Yes  No

Have you ever been convicted of a felony?  Yes  No

(Conviction will not necessarily disqualify an applicant for employment.) If yes, please describe conditions:

\_\_\_\_\_  
 \_\_\_\_\_

<i>Education</i>	<i>Name &amp; Location of School</i>	<i>Major</i>	<i>Diploma/ Degree</i>
High School			
College/University			
College/University			
Other Training/Education			

Indicate languages you speak, read and/or write \_\_\_\_\_

In addition to your work history (reverse side), what other experiences, skills, or qualifications would especially fit your work with our company? \_\_\_\_\_

\_\_\_\_\_

**Positions** 1. \_\_\_\_\_ 2. \_\_\_\_\_  
**Applied for** Wage/salary desired? \$ \_\_\_\_\_ When can you start? \_\_\_\_\_

## WORK HISTORY

Please fill out all required information.

Most recent Employer		Address		Telephone
Date Started	Starting Salary:\$ per	Starting Position		
Date Left	Salary on Leaving: \$ per	Position on Leaving		
Name and Title of Supervisor				E-mail Address
Description of Duties		Reason for Leaving		
Most recent Employer		Address		Telephone
Date Started	Starting Salary:\$ per	Starting Position		
Date Left	Salary on Leaving: \$ per	Position on Leaving		
Name and Title of Supervisor				E-mail Address
Description of Duties		Reason for Leaving		
Most recent Employer		Address		Telephone
Date Started	Starting Salary:\$ per	Starting Position		
Date Left	Salary on Leaving: \$ per	Position on Leaving		
Name and Title of Supervisor				E-mail Address
Description of Duties		Reason for Leaving		
Most recent Employer		Address		Telephone
Date Started	Starting Salary:\$ per	Starting Position		
Date Left	Salary on Leaving: \$ per	Position on Leaving		
Name and Title of Supervisor				E-mail Address
Description of Duties		Reason for Leaving		
Most recent Employer		Address		Telephone
Date Started	Starting Salary:\$ per	Starting Position		
Date Left	Salary on Leaving: \$ per	Position on Leaving		
Name and Title of Supervisor				E-mail Address
Description of Duties		Reason for Leaving		

May we contact your present employer?  Yes  No

Give name, address, telephone number and e-mail address of five references (four of which must be work references).

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Freedom from Hunger may contact the employers and references listed above unless you indicate those you do not want Freedom from Hunger.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions, or misrepresentations may result in my dismissal. I authorize Freedom from Hunger to make an investigation of any of the facts set forth in this application.

This Application for Employment is not a contract and cannot create a contract. If employed by Freedom from Hunger, I agree to abide by its rules and regulations. I understand that my employment would be "at-will" and could be terminated at any time by either party, with or without cause and with or without notice.

This understanding supercedes all prior agreements and representations, and any subsequent understanding which affects this arrangement must be in writing and signed by the company president.

Date \_\_\_\_\_ Applicant's signature \_\_\_\_\_