

Application for Employment

Return Completed Application to: Montgomery Area Food Bank, 521 Trade Center St., Montgomery AL, 36108

Name (Last, First, Middle):	Social Security Number: ____-____-____	Date:
Street Address	City & State & Zip Code	Phone #
Position Applying For:	Full Time Part Time <input type="checkbox"/> <input type="checkbox"/>	Are You Over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, can you furnish proof that you are legally permitted to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION				
School Name and Location	Dates of Attendance	Date Graduated	Major	Diploma/ Degree Awarded
	From	To		
High School:				
College(s):				
Graduate/Other Education:				
List any specialized training, apprenticeships or skills:				

EMPLOYMENT BACKGROUND (List Most Recent Employer First)				
Employer Name and Address	Supervisor	Telephone Number		
Position and Duties				
Start Date	End Date	Starting Salary	Last Salary	Reason for Leaving
Employer Name and Address	Supervisor	Telephone Number		
Position and Duties				
Start Date	End Date	Starting Salary	Last Salary	Reason for Leaving
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EMPLOYMENT BACKGROUND

Employer Name and Address	Supervisor	Telephone Number
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Position and Duties

Start Date	End Date	Starting Salary	Last Salary	Reason for Leaving
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REFERENCES (List three individuals who can attest to your professional abilities/work accomplishments.)

Name	Address	Telephone	Occupation

I certify that the information contained in this application is correct to the best of my knowledge and understand that any falsification, misrepresentation or omission on this application is grounds for refusal to hire, or if hired, dismissal. I authorize any of the persons or organizations referenced in this application to give Montgomery Area Food Bank any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties and Montgomery Area Food Bank from all liability for any damage that may result from furnishing such information. I authorize Montgomery Area Food Bank to request and receive such information. If employed, I understand that I will be an employee "at will" and Montgomery Area Food Bank or I may terminate my employment relationship at any time with or without notice for any reason. I acknowledge that any offer of employment, or my acceptance of an employment offer, if such is to occur, may be withdrawn, with or without cause, and with or without prior notice, at any time, at the option of Montgomery Area Food Bank or me. I understand that this application and any other documents which I may receive are not contracts of employment. This application is current for only 60 days. At the conclusion of this time, if I have not heard from Montgomery Area Food Bank, and still wish to be considered for employment, it will be necessary to fill out a new application.

Montgomery Area Food Bank is an Equal Employment Opportunity Employer

Signature of Applicant

Date

