



919 S. 2 nd Avenue Pocatello, Idaho 83201 233-8811	The Idaho Foodbank 3562 TK Avenue Boise, Idaho 83705 336-9643	3436 Main Street Lewiston, Idaho 83501 746-2288
APPLICATION FOR EMPLOYMENT		

Position Applied For _____

Date Of Application _____ Date Available for Employment _____

Name _____ Social Security # _____

Address _____

Street _____ City _____ State _____ Zip _____
 Telephone (_____) _____ (_____) _____
 Area Code Home Area Code Office/Cell e-mail

Drivers License # _____ State _____ Date of Expiration _____ Traffic offenses
 in the past five years _____ Classification _____

A. Are you able to provide proof that you are at least 18 years of age? Yes No

B. EMPLOYMENT HISTORY

Please begin with your current or most recent employment, or volunteer activity.

1. **Name of employer** _____

Employer's Address _____

Employer's Phone _____

Give dates of your employment with this employer.

From _____ To _____

Your position title _____

How long have you held this position? _____

Briefly describe your responsibilities in this position. _____

Current or Ending Salary: _____
 Are you employed on a full time or a part time basis?

Name/Title of supervisor: _____

May we contact this person for a reference? Yes No Telephone _____

Why did you leave this position? _____

2. **Name of employer** _____

Employer's Address _____

Employer's Phone _____

Give dates of your employment with this employer.

From _____ To _____

Your position title _____

How long had you held this position? _____

Briefly describe your responsibilities in this position. _____

Ending Salary: _____

Were you employed on a full time or a part time basis?

Name/Title of supervisor: _____

May we contact this person for a reference? Yes No Telephone _____

Why did you leave this position? _____

3. Name of employer _____

Employer's Address _____

Employer's Phone _____

Give dates of your employment with this employer.

From _____ To _____

Your position title _____

How long had you held this position? _____

Briefly describe your responsibilities in this position. _____

Ending Salary: _____

Were you employed on a full time or a part time basis?

Name/Title of supervisor: _____

May we contact this person for a reference? Yes No Telephone _____

Why did you leave this position? _____

4. Name of employer _____

Employer's Address _____

Employer's Phone _____

Give dates of your employment with this employer.

From _____ To _____

Your position title _____

How long had you held this position? _____

Briefly describe your responsibilities in this position. _____

Ending Salary: _____

Were you employed on a full time or a part time basis?

Name/Title of supervisor: _____

May we contact this person for a reference? Yes No Telephone _____

Why did you leave this position? _____

Please describe any other employment or volunteer experience. _____

Summarize special skills and qualifications acquired from employment or other experience. _____

C. EDUCATION AND OTHER QUALIFICATIONS

High School

Name of school _____ City _____ State _____

Did you graduate? Yes No GED? Yes No

College/University

School Name _____ City _____ State _____

Did you graduate? Yes No Year _____

Major/Degree(s) _____

School Name _____ City _____ State _____

Did you graduate? Yes No Year _____

Major/Degree(s) _____

Graduate School

School Name _____ City _____ State _____

Degree(s) _____ Did you graduate? Yes No Year _____

Brief description of course of study _____

Vocational/Technical Schooling

School Name _____ City _____ State _____

Did you graduate? Yes No Year _____

Degree(s) _____ If tested in office machines, data entry, etc, please provide accuracy information. _____

Please describe other educational/vocational accomplishments that may assist you in performing the job duties? Include information about your proficiency at various software. _____

Current licenses or professional certifications held _____ (May be asked to provide copies)

D. Have you ever been convicted of a felony? Yes No
If yes, please explain: _____

(A conviction will not be an automatic bar to an offer of employment.)

E. **REFERENCES** Include only individuals familiar with your work ability. Do not include relatives.

NAME ADDRESS/PHONE RELATIONSHIP

1. _____

2. _____

3. _____

AGREEMENT

I have certified that the information provided on this application is true and complete. I agree that if there is any misrepresentation or omission concerning the information on this application, any offer of employment to me may be withdrawn, and if I have already been hired, my employment may be terminated. I authorize investigation of all statements contained in this application.

I understand that any offer of employment by The Idaho Foodbank is contingent upon (1) my providing sufficient documentation necessary to establish my identify and eligibility to work in the United States, (2) successful completion of any pre-employment background investigations that may be required by this employer, (3) proof of a valid drivers license and a satisfactory driving record for those positions involving driving a motor vehicle, and (4) meeting the physical requirements of the position, with or without accommodation.

I authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I authorize The Idaho Foodbank to conduct a background investigation pertaining to my suitability for employment. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. No promises concerning the nature or length of my employment have been made to me. If I am hired, I understand that I have the right to terminate my employment at any time, and for any reason. I understand that the agency has the right to terminate my employment at any time and for any reason. I understand that if or when my employment is terminated, by The Idaho Foodbank or by me that the agency may respond fully to reference inquiries from prospective employers. I understand that no one employed by The Idaho Foodbank has the authority to modify these conditions, except in a written document signed by the Executive Director of the agency.

I hereby acknowledge that I have read and understand the foregoing.

Signature of Applicant

Date

DISCLOSURE

As part of our hiring background and investigation, we may obtain consumer reports or prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act.

AUTHORIZATION TO RELEASE INFORMATION

I, _____
Last Name First Name Middle Name

Current Address Dates Lived Here

Addresses for the Past Seven Years: (include street, city, state, zip code) Dates of Residence:

Date of Birth Other Names Used (including maiden name) Years Used

Social Security Number Driver's License # State

do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **The Idaho Foodbank** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **The Idaho Foodbank** for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by **The Idaho Foodbank** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

**I hereby do _____do not_____ authorize you to contact *my current* employer for Employment and Reference Verifications (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I have the right to make a request to **The Idaho Foodbank**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **The Idaho Foodbank** has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name Applicant Signature Date