

Employment Application

Palm Beach County Food Bank is an equal opportunity employer that does not discriminate on the basis of race, religion, color, sex, national origin, age, citizenship, ancestry, familial status, veteran status, disability, sexual orientation, marital status or any other characteristic prohibited by Federal, State, or local law. If you require a reasonable accommodation in order to complete this application, please contact an HR Representative at (561) 670-2518 extension 302, who will be happy to assist you.

Personal Information First Name: Middle Name: Last Name: Other/former names you are known by: Address: City: State: Zip Code: Telephone: (Home) Telephone: (Mobile) Email Address: **General Information** What type of Date available to start Salary Requirements: How did you hear about the employment are you Palm Beach County Food work: willing to accept: Bank? Full Time Part Time If hired, can you provide proof that you are a If you hold a visa that authorizes you to work in the US, citizen or national of the United States of list visa type and expiration date: America, a lawful permanent resident or an Visa Type: **Expiration Date:** alien authorized to work in the country: ☐ YES ☐ NO Do you have any relatives employed by the If yes, please list their name: Palm Beach County Food Bank? YES \square NO Have you ever applied with the Palm Beach If yes, which position/s? County Food Bank? ☐ YES ☐ NO Have you ever been employed by the Palm If yes, what position? Beach County Food Bank? □ YES □ NO Have you ever been fired or asked to resign? If yes, please explain:

YES 🗌

NO

Criminal History

Have you ever been convicted of a crime other than a minor traffic violation? YES NO							
You may answer "No" to this question only if your felony conviction(s) has been annulled or expunged from court records, or is contained in a sealed or juvenile record or you have been officially pardoned.							
If yes, please briefly describe the circumstances of your conviction, indicating the date, nature, place of the offense, disposition of the case and in what court. A conviction may bar you from employment under the state and/or local laws which govern this location. This will be looked upon as one of the factors considered in the employment decision and is evaluated in terms of the nature, severity and date of the offense.							
High School							
Name of High School:	City:	State:	Highest Level Completed?				
Educational Institutions – Vocational School, College and Graduate School							
Name of School:	City:	State:	Major: (if applicable)				
Did you graduate?	Type of Degree (if applicable)	If no degree received, number of years completed:					
Name of School:	City:	State:	Major: (if applicable)				
Did you graduate?	Type of Degree (if applicable)	If no degree received, number of years completed:					
Name of School:	City:	State:	Major: (if applicable)				
INAME OF SCHOOL	Опу.	State.	iviajoi. (ii appiicabie <i>)</i>				
Did you graduate?	Type of Degree (if applicable)	If no degree received, number of years completed:					

Other

only if required for your ar	rea of employment interest. certificate number, issuing	ease list any other education or special training:				
Employment						
Employer Name:	Employer Address:	City:	State:			
Dates Employed From:	To (leave blank if still employed):	Job Title:	Duties Performed:			
Starting Rate of Pay:	Current or Ending Rate of Pay:	Supervisor Name:	Supervisor Title:			
Supervisor Telephone Number:	Reason for Leaving:					
Employer Name:	Employer Address:	City:	State:			
Dates Employed From:	To (leave blank if still employed):	Job Title:	Duties Performed:			
Starting Rate of Pay:	Current or Ending Rate of Pay:	Supervisor Name:	Supervisor Title:			
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Starting Rate of Pay:	Current or Ending Rate of Pay:	Supervisor Name:	Supervisor Title:			
Supervisor Telephone Number:	Reason for Leaving:					
Agreement I certify that the information given by me in this employment application is true and correct and contains no material omissions of any kind. I understand that any false statements or material omissions of fact made in this employment application or the interview process may disqualify me from employment or result in my termination. I release the Palm Beach County Food Bank, its employees and agents from any and all liability for failing to hire me or						
terminating my employment due to such false information of material omissions. I authorize the companies, schools or persons named above to give to the Palm Beach County Food Bank any information regarding my employment or educational background, together with any information they may have regarding my qualifications for the job for which I am applying, whether or not it is in their records. I hereby release those companies, schools or persons and the Palm Beach County Food Bank and their employees and agents from any and all liability resulting from the disclosure of this information.						
I understand and agree that if I am hired, my employment relationship with the Palm Beach County Food Bank will not be for a specified term and may be terminated by the Palm Beach County Food Bank or me at any time with or without cause or notice. In addition, if I am hired, the Palm Beach County Food Bank will have the right to impose any form of discipline it deems appropriate or alter my position at its discretion, at any time. I understand and agree that no representative of the Palm Beach County Food Bank may enter into any agreement contrary to the foregoing unless it is done by way of specific, written agreement signed by the Executive Director of the Palm Beach County Food Bank.						
I also understand that all offers of employment are contingent upon receipt of satisfactory references, drug test results, and background checks as required. I further understand and agree that a consumer report may be obtained at any time, and any number of times as the Palm Beach County Food Bank in its sole discretion determines is necessary before, during or after my employment.						
The Palm Beach County Food Bank is an Equal Opportunity employer.						
By SIGNING BELOW, I read and understand these statements.						
Applicant's Name (PRINT)	Applicant's Signature		Date			