



The Idaho Foodbank

555 S. 1st Avenue
Pocatello, Idaho 83201
233-8811

3562 S. TK Avenue
Boise, Idaho 83705
336-9643

3600 E. Main Street
Lewiston, Idaho 83501
746-2288

APPLICATION FOR EMPLOYMENT

HR Copy

Position Applied For _____

Date of Application _____ Date Available for Employment _____

Name _____

Address _____

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 _____

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? _____

EMPLOYMENT (Continued)

2. **Name of employer** _____

Employer's Address _____

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 _____

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 _____

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) _____

EDUCATION AND OTHER QUALIFICATIONS (Continued)

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 using 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 driver's 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, 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