



107 Walter Davis Drive | Birmingham, Alabama 35209
www.feedingal.org

Job Application

Instructions

Thank you for your interest in joining the Community Food Bank of Central Alabama's staff!

Please complete this **application** and submit it via email to jobs@feedingal.org or via mail to 107 Walter Davis Drive, Birmingham, AL 35209.

- Please complete the entire application. We are unable to consider incomplete applications.
- Please click on the boxes to enter text.
- Please read and acknowledge the Certification and Release at the end of the application; otherwise, the application will be considered incomplete.

If you require assistance during any phase of the employment process, please contact us at bspain@feedingal.org and write ASSISTANCE in the subject line. Every effort will be made to accommodate your needs in a reasonable amount of time.

The Community Food Bank of Central Alabama is an equal opportunity employer. This application is intended to evaluate your qualifications for employment. This is not an employment contract. All qualified applicants will receive consideration without regard to race, color, religion, national origin, gender, disabilities or physical challenge, status with regard to public assistance, age, or any other characteristics protected by applicable local, state, or federal law.

This application will be considered active for **45 days**. If you wish to be considered for employment after 45 days, please complete another application.

APPLICATION FOR EMPLOYMENT

GENERAL QUESTIONS

- Yes No If hired, can you furnish proof of identity and that you are eligible to work in the U.S.?
- Yes No If hired, can you offer proof that you are at least 18 years of age?
- Yes No Are you related to anyone who currently works at the Food Bank?
If so, whom?
- Yes No Have you ever been discharged by an employer or asked to resign?
If yes, please describe the circumstances.
- Yes No Have you ever pled "guilty" or "no contest" to, or been convicted of a violation of the law other than a minor traffic violation?
If yes, please provide the date, place and nature of the offense. (Convictions will not necessarily disqualify an applicant from consideration.)
- Yes No Have you ever participated in a pretrial diversionary program? If so, please provide the date, place and nature of the incident.
- Yes No Have you been a defendant in a civil action for an intentional tort (e.g. civil charge for assault, battery, intentional infliction of emotional distress, false imprisonment, wrongful death, etc)?
- Yes No Can you perform the essential functions of the position for which you have applied with or without reasonable accommodation?

Please list any periods of unemployment and how you spent this time.

Military Status

- Yes No Have you served active-duty in the US Armed Forces, or in the last two years worked for the U.S. Government as a civilian or military employee? If yes, please complete the following:

Branch of Service or Government:

Rank: Title: Dates:

Position(s) Applied For	Date of Application
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Employment Desired: _____

On what date are you available for work?

Desired number of work hours per week:

How did you learn about us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Internet
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Other _____		

Last Name	First Name	Middle Name
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Address	City	State	Zip Code
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Telephone Number:	Email Address:
Alternate Telephone Number:	

EDUCATION

Do you have a high school diploma or equivalent? Yes No

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL ATTENDED	FIELDS OF STUDY	DID YOU GRADUATE?	DIPLOMA/DEGREE EARNED
High School				
College or University				
Graduate or Business School				
Trade School				
Other				

EMPLOYMENT HISTORY

Describe your work history below beginning with your current or most recent job.

YOUR JOB TITLE:		NAME OF EMPLOYER:		TYPE OF BUSINESS:	
ADDRESS:			SUPERVISOR'S NAME AND PHONE:		
TOTAL TIME IN POSITION: Years: Months:		FROM (mo./yr.):	TO (mo./yr.):	HOURS PER WEEK:	
REASON FOR LEAVING:				MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SPECIFIC DUTIES:					

YOUR JOB TITLE:		NAME OF EMPLOYER:		TYPE OF BUSINESS:	
ADDRESS:			SUPERVISOR'S NAME AND PHONE:		
TOTAL TIME IN POSITION: Years: Months:		FROM (mo./yr.):	TO (mo./yr.):	HOURS PER WEEK:	
REASON FOR LEAVING:				MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SPECIFIC DUTIES:					

YOUR JOB TITLE:		NAME OF EMPLOYER:		TYPE OF BUSINESS:	
ADDRESS:			SUPERVISOR'S NAME AND PHONE:		
TOTAL TIME IN POSITION: Years: Months:		FROM (mo./yr.):	TO (mo./yr.):	HOURS PER WEEK:	
REASON FOR LEAVING:				MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SPECIFIC DUTIES:

YOUR JOB TITLE:		NAME OF EMPLOYER:		TYPE OF BUSINESS:	
ADDRESS:			SUPERVISOR'S NAME AND PHONE:		
TOTAL TIME IN POSITION: Years: Months:		FROM (mo./yr.):	TO (mo./yr.):	HOURS PER WEEK:	
REASON FOR LEAVING:				MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SPECIFIC DUTIES:					

YOUR JOB TITLE:		NAME OF EMPLOYER:		TYPE OF BUSINESS:	
ADDRESS:			SUPERVISOR'S NAME AND PHONE:		
TOTAL TIME IN POSITION: Years: Months:		FROM (mo./yr.):	TO (mo./yr.):	HOURS PER WEEK:	
REASON FOR LEAVING:				MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SPECIFIC DUTIES:					

CERTIFICATIONS List any professional licenses or certifications

TRAINING List any relevant training courses or apprenticeships

SPECIALIZED SKILLS List any skills or knowledge that show your ability to perform the job for which you are applying

REFERENCES

List three individuals who can attest to your character, professional abilities, or education

NAME	EMAIL	TELEPHONE(s)	TITLE/COMPANY

APPLICANT ACKNOWLEDGEMENT

I certify that answers given herein are true and complete 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 hereby authorize Community Food Bank of Central Alabama to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and further authorize the references I have listed to disclose to Community Food Bank of Central Alabama any and all relevant information related to my work records without giving me prior notice of such disclosure. In addition, I hereby release Community Food Bank of Central Alabama, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities, arising of or in any way related to such investigation or disclosure.

I hereby understand and acknowledge that unless otherwise defined by applicable law any employment relationship with this organization is of an "at will" nature which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I acknowledge that if a job offer is made, it may be contingent upon successful completion of a background check to include credit history and pre-employment drug test dependent upon position.

In the event of employment, I agree to comply with the Community Food Bank of Central Alabama's rules, regulations, and policies, and acknowledge that these rules, regulations, and policies may be changed, interpreted, withdrawn, or supplemented any time, without prior notice to me.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Applicant Signature _____

Date: _____