



**Personal Information**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Home/Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Are you legally eligible for employment in the United States:**  Yes  No

**Do you have a valid Driver's License:**  Yes  No

**Are you available to work?**  Full Time  Part Time **Pay Expected:** \_\_\_\_\_

**Have you ever been convicted of a crime or pled guilty to a crime:\***  Yes  No

**If yes, please explain:** \_\_\_\_\_

**Position applying for (required):** \_\_\_\_\_

**Date Available:** \_\_\_\_\_

\*While conviction of a crime doesn't automatically disqualify an applicant from employment, the nature, date and the circumstances of the offense as well as whether the offense is relevant to the duties of the position and mission of the organization will be considered.

**Education**

School	Name/Location of School	Course of Study	# of years completed	Graduate?	Degree/Diploma
High School					
Business/Trade/Tech					
College/University					
Graduate School					
Licenses/Certificates:					

**Employment**

*Please give an accurate and complete full/part time employment record. Start with your current or most recent employer. Use additional paper as needed.*

<b>1</b>	Company Name:	Position/Title:	Employment dates From: To:
	Address:	Telephone:	Monthly Pay Start: Finish:
	Name of Supervisor:	Reason for Leaving:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Describe your work/duties:		

2	Company Name:	Position/Title:	<i>Employment Dates</i> From: To:
	Address:	Telephone:	<i>Monthly Pay</i> Start: Finish:
	Name of Supervisor:	Reason for Leaving:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Describe your work/duties:		

3	Company Name:	Position/Title:	<i>Employment Dates</i> From: To:
	Address:	Telephone:	<i>Monthly Pay</i> Start: Finish:
	Name of Supervisor:	Reason for Leaving:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Describe your work/duties:		

4	Company Name:	Position/Title:	<i>Employment Dates</i> From: To:
	Address:	Telephone:	<i>Monthly Pay</i> Start: Finish:
	Name of Supervisor:	Reason for Leaving:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Describe your work/duties:		

*If you are a final candidate, we will contact your current/former employers for purposes of verifying your employment. Would you like to be notified prior to us doing so?* Yes  No

<b>Skills, Experience &amp; Memberships</b>					
<input type="checkbox"/>	Accounting/Bookkeeping	<input type="checkbox"/>	Data Entry	<input type="checkbox"/>	Other: (please list)
Computer Software Experience: (please list)					
Membership in any Professional or Civic Organizations:					
List any other skills, training or experience:					

<b>References</b> <i>(Business/Professional references preferred)</i>				
1	Name:	Position/Title:		
	Address:	Email:		
	Telephone Home:	Work:		
	How do they know you?			

<b>2</b>	Name:	Position/Title:
	Address:	Email:
	Telephone Home:	Work:
	How do they know you?	

<b>3</b>	Name:	Position/Title:
	Address:	Email:
	Telephone Home:	Work:
	How do they know you?	

<b>Signature</b> <i>(Please sign/date below to complete your application)</i>	
<i>The information provided in this application is true, correct and complete to the best of my knowledge. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that if I accept an offer of employment, it is not for a fixed period of time and it may be terminated by myself or the organization at any time. I authorize investigation of all statements contained in this application as may be necessary for arriving at an employment decision.</i>	
Signature of Applicant:	
Date:	

Thank you for your interest in employment with the Great Plains Food Bank  
An Equal Opportunity Employer



Please complete the Equal Employment Opportunity Section on the following page.

# Equal Employment Opportunity Survey

**Completion of this portion is voluntary.** You may decline to provide this information and it will have no impact on your application for employment. We ask for your cooperation in supplying this information to support our commitment to fair employment. \*\*

## Race/Ethnicity - please check if you are:

**Hispanic of Latino** (A person having origins in any of the Spanish cultures including, Mexico, Puerto Rice, Cuba, Central America, South America, or any other Spanish culture or origin, regardless of race.)

## If you are NOT Hispanic or Latino, please check the appropriate box below:

**American Indian/Alaskan Native** (A person having origins in any of the original peoples of North, Central or South Americas and who maintains cultural identification through tribal affiliation or community attachment.)

**Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia or the India subcontinent, including for example, Japan, Cambodia, China, India, Korea, Malaysia and the Philippine Islands.)

**Black or African American** (A person having origins in any of the Black racial groups of Africa.)

**Native Hawaiian or other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

**White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

**Two or More Races** (All persons who identify with more than one of the above races.)

**Are you over age 18?**  Yes  No  
(Hire is subject to verification that you are of minimum legal age.)

**Sex:** Female  Male

**Birthdate:**

**Do you have a disability?** Yes  No

**Are you a United States citizen?** Yes  No

**Position Applying For:**

**Date:**

*\*\*The Civil Rights act of 1964 prohibits discrimination in employment because of race, color, religion, sex, national origin or age. The information on this page is for statistical reports only and for those jobs that require security or background information. The American Disabilities Act of 1992 prohibits discrimination by reason of physical or mental disability. This information will be kept in a separate file and destroyed within 12 months.*

Please save this file and email to Human Resources ([hr@greatplainsfoodbank.org](mailto:hr@greatplainsfoodbank.org)). Thank you!