



Fighting hunger and poverty in northeast North Carolina

Serving Beaufort, Bertie, Camden, Chowan, Currituck, Dare, Gates, Hertford, Hyde, Martin, Northampton, Pasquotank, Perquimans, Tyrrell and Washington Counties.

APPLICATION FOR EMPLOYMENT

Date of application: _____

Name:

LastFirstMiddle

Present domicile address:

StreetCityStateZip Code

Permanent residential address if different from above:

StreetCityStateZip Code

Phone number: _____ **Email:** _____

Are you 18 years of age or older?

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status?

Referred by: _____

DESIRED EMPLOYMENT

Position: _____ **Available start Date:** _____ **Desired Salary/Wage** _____

Are you currently employed? _____ **If yes, may we contact your current employer?** _____

Have you ever applied to FBA before? _____ **If Yes, when?** _____

Do you have a current state-issued driver's License? _____ **Do you have a driver's license endorsement?** _____

Have you ever had your license suspended? _____ **If yes, when?** _____

EDUCATION: _____ **Name and Location of school** _____ **Years attended** _____ **Graduate?** _____ **Area of study** _____

Grammar School _____ **From:** _____

To: _____

High School/GED _____ **From:** _____

Program _____

To: _____

College _____ **From:** _____

To: _____

Correspondence/ _____ **From:** _____

Graduate/Other _____

To: _____

FOOD Bank of the ALBEMARLE APPLICATION FOR EMPLOYMENT

Prior Military or Civil Service experience: **If yes, Rank/Position**

Are you currently a member of the National Guard or Armed Forces Reserves?

Have you ever been convicted of a criminal offense, other than a minor traffic violation?

If yes, were they Felony(ies) or Misdemeanor(s)? **If yes, how recent was last conviction?**

Type of conviction(s):

Have you ever been convicted of DWI, DUI, or DWLR? **If yes, how recent was last offense?**

EMPLOYMENT HISTORY/FORMER EMPLOYERS (List your last three employers beginning with most recent first)

Date Employed	Name, Address, Phone Number of Employer	Wage/Salary	Position	Reason for leaving
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From:

To:

From:

To:

From:

PROFESSIONAL AND PERSONAL REFERENCES

(Please provide names and contact information for three persons, NOT RELATED TO YOU, whom you have known for at least one year.)

	Relationship	Name	Address	Contact Information	Years known
1.					
2.					
3.					

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated with or without cause and with or without notice, at any time, at either my discretion or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice at any time by the company."

Signature : _____
By typing my name in the above field, I certify that this is a valid signature for the purposes of form submission.