Employment Application



			Αρ	piicar	it inform	auon			
Full Name:							Date	:	
	Last		Fil	rst			M.I.		
Address:									
, , , , , , , , , , , , , , , , , , , ,	Street Addre	ess						Apartment/Unit #	
	City						State	ZIP Code	
Dhama					⊏				
Phone:					Email:				
Alternate Ph	none:			Positio	n Applying	For:			
Are you a citizen of the United States?			YES	NO	,	Are you autho	rized to work in th	YES he U.S.?	NO
I am seeking a permanent position:			YES	NO 🗆			m the essential f without accommo		NO
Have you ever been convicted of a felony?			YES	NO	If nece overtin		ob, are you able	to work YES	NO
If you have l	been convid	cted of a felony,	please exp	olain:					
Available start date:									
YES NO Do you have a valid Alaska Driver's License?									
If so, please fill out the following:									
lequing State: Type:									
Issuing State: Type:									
Endorsements (check all that apply):									
Hazardous Material Passengers		ers			with Hazardou Materials	s School Bus	Double/T Trailer □		
Check the box(es) next to the shift(s) you are able to work:									
Any	Day	Night Swi	ing R	otating	Split	Graveyard	Other		
				Ed	ucation				
High School: Address:									
From:		To:	Did you	gradua	YES	NO □ Dipl	loma:		

College:		Address:_				
From:	To:	Did you graduate?	YES	NO	Degree:	
Business/Technical:		Addre	ess:			
From:	To:	Did you graduate?	YES	NO	Degree:	
Other/Additional:		Addre	ess:			
From:			YES	NO	Degree:	
		Skills and Qu	ualific	ations		
Special skills, abilities that should be considered						
Types of technology, other equipment you to operate or repair:						
Professional licenses certifications, or regis	,					
Additional skills, inclusupervision skills, oth spoken, or information the career/position:	ner languages					
Typing speed per min	nute: _					
		Refere	ncas	_		
Please list two profe	essional referen	nces who are not relativ		ormer si	upervisors.	
Full Name:					Relationship:	
Company:					Phone:	-
Address:						
Full Name:					Relationship:	
Company:					Phone:	
Address:						
		Previous Er	nnlov	ment		
Company:		11011040 1	пріоў		Phone:	
Address:					Supervisor:	
Job Title:		Starting Sa			Ending Salary:\$	
Responsibilities:		J			<u> </u>	

From:	To:	Reason f	or Leaving:_		
May we cont	act your previous supervisor for a reference?	YES	NO		
Company:				Phone:	
Job Title:	Starting S	Salary: <u>\$</u>		Ending Salary:	
Responsibilit	ies:				
From:	To:	Reason f	or Leaving:_		
May we cont	act your previous supervisor for a reference?	YES	NO		
Company: Address:				Phone:	
Job Title:					
Responsibilit	ies:				
From:	To:	Reason f	for Leaving:_		
May we cont	act your previous supervisor for a reference?	YES	NO		
List any addition	onal employment on another page, and attach it to th	is form.			
	Military	Service			
Branch:			From:	То	:
Rank at Disc	harge:	Type of	f Discharge:		
If other than	honorable, explain:				

Applicant's Statement

I understand that the employer follows an "at will employment" policy, in that I or the employer may terminate my employment at any time, for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment. I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I voluntarily authorize any present or former employer, firm, school, hospital, university, or government agency and its employees or agents to release any and all information concerning my former position to any prospective employer, or it's employees or agents, making a request for such information. I understand that the information

may include, but is not necessarily limited to, performance reports, transcripts, job descriptions, disciplinary reports and opinions regarding my suitability for the position.

I voluntarily release and hold harmless former employers, schools, hospitals or government agencies, and their employees or agents from any and all claims, liabilities, or damages arising from the disclosure or release of information or opinions concerning my professional qualifications.

I certify that all the statements herein are true and correct to the best of my knowledge and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

I agree to submit to any pre-hire testing the Kenai Peninsula Food Bank (KPFB) requires.

3	d check required by the Alaska Background Check Program and pre-hire clear both before a formal offer can be made by KPFB. (Initial)
Your Name (Printed):	
Your Signature:	Date:

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race, and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.

Last Revision Date: 5-15-2023