



Second Harvest Foodbank
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Employment Application

Date _____

Name _____

Address _____ City _____ State _____ Zip Code _____

Primary Phone Number _____

Secondary Phone Number _____

Best time to reach you? _____

Best time to reach you? _____

Email Address _____

Position desired _____

Are you 18 years or older? Yes ___ No ___

Are you legally eligible for employment in the USA? Yes ___ No ___

If you are not a U.S. citizen, what is your visa status? _____

Employment with this organization sometimes requires unusual hours (including nights and weekends) are you willing to accept this?
___ Yes ___ No

Date available for employment? _____ Salary desired _____

Employment preference? ___ Full-time ___ Part-time ___ Temporary

Preferred Starting hour: _____ Preferred Finishing hour: _____

Have you ever applied at Second Harvest Foodbank of Southern Wisconsin before? ___ Yes ___ No When? _____

Have you ever worked at Second Harvest Foodbank of Southern Wisconsin before? ___ Yes ___ No When? _____

Have you ever been convicted of a misdemeanor or felony? ___ Yes ___ No

A conviction or pending criminal charge will not automatically disqualify you from employment. No applicant will be denied a position because of a past conviction or pending criminal charge which is not substantially related to the circumstances of the employment sought.

For all FoodShare Outreach and Service Area Representative positions:

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

Do you have regular access to insured transportation? ___ Yes ___ No

Do you own an insured automobile? ___ Yes ___ No

For CDL Truck Driver Positions:

Can you lift a minimum of 40 pounds? ___ Yes ___ No

Do you have a valid driver's license? ___ Yes ___ No

Do you have a valid Class A Commercial Driver's License ___ Yes ___ No

Do you have a clear motor vehicle record? ___ Yes ___ No If no, please explain: _____

Employment

Please list below (even if listed on resume) present and past employment, beginning with the most recent position. Complete ALL items and be specific.

DATE: MONTH/ YEAR	NAME /ADDRESS/PHONE OF EMPLOYER	POSITION/PAY	DUTIES	REASON FOR LEAVING
From	Employer: Address/Phone Number:			
To	Name of Supervisor:	Pay rate:		
From	Employer: Address/Phone Number:			
To	Name of Supervisor:	Pay rate:		
From	Employer: Address/Phone Number:			
To	Name of Supervisor:	Pay rate:		
From	Employer: Address/Phone Number:			
To	Name of Supervisor:	Pay rate:		
From	Employer: Address/Phone Number:			
To	Name of Supervisor:	Pay rate:		

May we obtain references from the employers named above? ___ Yes ___ No

Please identify any employer you do not wish us to contact _____

Have you ever worked for these organizations under a different name? ___ Yes ___ No

Give name and organization(s): _____

Education and Training

High School (Circle highest year completed)	Name and location of high school
1 2 3 4 5 6 7 8 9 10 11 12	

Graduated HS? Yes No or GED? Yes No

Education beyond High School: (College, University, Vocational or other schools).

Circle the number of years in college or University: 1 2 3 4 5 6 7 8

Name and Location of Educational Institute	Credits	Did you graduate?	Degree & Major Field

Are you currently pursuing further studies? Yes No

If so, what courses and when? _____

Are the courses in the days or evenings? _____

Do you speak any language(s) other than English? Yes No If yes, please indicate: _____

Professional Registration (Job related and consistent with business necessity)

Type _____ State _____ Lic. No. _____ Exp. Date _____
Type _____ State _____ Lic. No. _____ Exp. Date _____
Other _____

Has your license ever been suspended or revoked? Yes No

If yes, describe _____

Describe any relevant training or experience not covered above (give dates). List memberships or honors in professional or technical associations. _____

How were you referred to this company?

- Second Harvest Foodbank of Southern Wisconsin Website
- Employee of Second Harvest Foodbank of Southern Wisconsin (name) _____
- Community Agency (specify) _____
- School/University (specify) _____
- Special Event (specify) _____
- Online Job Board (Specify) _____
- Other _____

References

Please list the names of three professional references (not related to you) who can testify to your ability to perform in the potential work area. (Students please include academic/clinical references.) Please indicate your relationship to the listed references.

Name	Address/Business	Relationship	Telephone Number(s)	Email Address

Please read carefully before signing:

Authorization, Release and Certification

All qualified applicants will receive consideration for employment without regard to sex, race, color, national origin or ancestry, age, handicap, marital status, source of income, class, physical characteristics, sexual orientation, or political beliefs, as required by federal, state or local laws. No information on this application will be used for the purpose of discrimination on the basis of any such protected category.

I understand that receipt of this application does not guarantee a job interview or offer of employment. I understand that misrepresentation or omission of facts shall be sufficient cause for removal from consideration for employment or for dismissal after employment. I authorize a representative of Second Harvest Foodbank of Southern Wisconsin to investigate, without liability, all statements contained in this application and hereby release such person, corporation, or other organization from any and all liability for providing such information. I also authorize listed employers and references, without liability, to make full response to any inquiries by Second Harvest Foodbank of Southern Wisconsin in connection with my application for employment.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of Second Harvest Foodbank of Southern Wisconsin. I understand that policies, rules, regulations of employment or anything said in the interview process shall not be deemed to constitute an implied employment contract. I agree that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either the company or myself.

I understand this application will be considered active for six months, and that if I wish to be considered after that time, I must reapply for employment. I must contact the Human Resources Department if I wish to have my application considered for any specific opening that occurs within that period. I acknowledge that I have read (or have had read to me) and understand this authorization, release and certification.

Applicant's Signature _____ Date Signed _____

For Office Use Only

Position Offered: _____ Date Filled: _____

Pay Rate: _____ PT/FT Hours: _____ Start Date: _____

Supervisor: _____ Orientation date: _____

Comments: