

Employment Application

CHANNEL ONE REGIONAL FOOD BANK

131 35th Street SE * Rochester, MN 55904
 Phone (507)287-2350 * FAX (507)287-2351
 www.helpingfeedpeople.org

Channel One Regional Food Bank is an Equal Opportunity employer, dedicated to a policy of non-discrimination in employment on any basis, including race, color, gender, age, sexual orientation, religion, disability, or national origin. A separate application must be completed for each position. Review the qualifications carefully. After completing the application, you may submit it electronically to Channel One, or you may print it off and mail to: Human Resources Director, Channel One Regional Food Bank, 131 35th Street SE, Rochester, MN 55904

WARNING: A copy of your completed application will not be saved. Be sure to print off a copy for your records.
Thank you.

POSITION APPLYING FOR: _____ DATE: _____

PERSONAL INFORMATION

LAST NAME: _____ FIRST NAME: _____ M.I.: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ E-MAIL: _____

EDUCATION

HAVE YOU GRADUATED FROM HIGH SCHOOL OR RECEIVED A GED? YES NO

NAME OF HIGH SCHOOL ATTENDED: _____ LOCATION: _____

NAME OF COLLEGE, TECHNICAL, PROFESSIONAL, TRADE, OR OTHER SCHOOL ATTENDED:	LAST YEAR COMPLETED:	DEGREE OR CERTIFICATE OBTAINED	MAJOR/MINOR OR SUBJECT STUDIED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT HISTORY

List complete employment history within the last five years. Start with present or most recent employer.

1	EMPLOYER NAME		TELEPHONE	MAY WE CONTACT?		<input type="checkbox"/> FULL TIME
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> PART TIME
	ADDRESS			EMPLOYMENT DATES		
				FROM	TO	
	SUPERVISOR'S NAME AND TITLE			WAGES		
				START	END	
YOUR JOB TITLE		REASON FOR LEAVING OR DESIRE TO LEAVE				
DESCRIPTION OF MAJOR DUTIES						

2	EMPLOYER NAME		TELEPHONE	MAY WE CONTACT?		<input type="checkbox"/> FULL TIME
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> PART TIME
	ADDRESS			EMPLOYMENT DATES		
				FROM	TO	
	SUPERVISOR'S NAME AND TITLE			WAGES		
				START	END	
YOUR JOB TITLE		REASON FOR LEAVING OR DESIRE TO LEAVE				
DESCRIPTION OF MAJOR DUTIES						

3	EMPLOYEE NAME		TELEPHONE	MAY WE CONTACT?		<input type="checkbox"/> FULL-TIME
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> PART-TIME
	ADDRESS			EMPLOYMENT DATES		
				FROM	TO	
	SUPERVISOR'S NAME AND TITLE			WAGES		
				START	END	
YOUR JOB TITLE		REASON FOR LEAVING OR DESIRE TO LEAVE				
DESCRIPTION OF MAJOR DUTIES						

YOU MAY SUPPLEMENT THIS INFORMATION BY ATTACHING ADDITIONAL SHEETS IF NECESSARY.
BE SURE TO INCLUDE ALL INFORMATION REQUESTED ABOVE.

REFERENCES

List below three persons not related to you, whom you have known at least one year.

1	Full Name: _____	Relationship: _____
	Company: _____	Telephone: _____
	Address: _____	State: _____ Zip Code: _____

2	Full Name: _____	Relationship: _____
	Company: _____	Telephone: _____
	Address: _____	State: _____ Zip Code: _____

3	Full Name: _____	Relationship: _____
	Company: _____	Telephone: _____
	Address: _____	State: _____ Zip Code: _____

AUTHORIZATION

I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that falsified statements on this application in any detail shall be considered sufficient cause for disqualification from further consideration for hire or for dismissal. I further understand that certain positions requiring professional licenses will require extensive verification of licensure and qualifications.

I authorize Channel One Inc. to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, credit agency, or government agency to give Channel One information they may have regarding me. In consideration of Channel One's review of this application, I release Channel One and all providers of information from any liability as a result of furnishing or receiving this information.

I further agree that, if employed, I will conform my conduct to Channel One's rules and regulations and understand that I have the right to terminate my employment at any time and that Channel One has the same right. I understand that Channel One is an at-will employer and agree that my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated at any time with or without cause and without any previous notice.

I understand that nothing contained in this application or in granting of an interview, creates a contract between Channel One and myself for either employment or for the providing of any benefit. I also understand that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract, and further, that such manuals or handbooks may be modified at anytime at the sole discretion of the Board of Directors and/or management of Channel One Inc.

Signature: _____ Date: _____