



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:		Date of Application:	
Which locations are you applying for?			
<input type="checkbox"/> Sioux Falls Food Pantry		<input type="checkbox"/> Sioux Falls Food Bank	
<input type="checkbox"/> Pierre Food Bank		<input type="checkbox"/> Rapid City Food Bank / Food Pantry	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)		Social Security Number	
Email Address			
Best time to contact you at home is:		____ : ____	AM / PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?..... Yes No

Have you ever filled out an application with us before?..... Yes No
If Yes, give date _____

Have you ever been employed with us before?..... Yes No
If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here?..... Yes No
If Yes, state name, relationship and location: _____

Are you currently employed?..... Yes No

May we contact your present employer?..... Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?..... Yes No
Proof of citizenship and/or of immigration status will be required upon employment.

Date Available for work: _____ / _____ / _____ What is your desired salary range? _____

Are you currently on "lay-off" status and subject to recall?..... Yes No

Can you travel if a job requires it?..... Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

ADDITIONAL INFORMATION

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business, or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

PERSONAL/PROFESSIONAL REFERENCES

Do not include family members.

1.	Name	Company	Relationship
	Occupation	Phone Number	Best Time to Call

2.	Name	Company	Relationship
	Occupation	Phone Number	Best Time to Call

3.	Name	Company	Relationship
	Occupation	Phone Number	Best Time to Call

EDUCATION

School	Name and Address of School	Course of Study	No. of Years Completed	Diploma /Degree
High School				
Undergraduate College				
Graduate / Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			Hourly Rate / Salary
Starting / Present Job Title	Begin	End	
Supervisor			Reason for Leaving
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			Hourly Rate / Salary
Starting / Present Job Title	Begin	End	
Supervisor			Reason for Leaving
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			Hourly Rate / Salary
Starting / Present Job Title	Begin	End	
Supervisor			Reason for Leaving
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			Hourly Rate / Salary
Starting / Present Job Title	Begin	End	
Supervisor			Reason for Leaving

Comments: Include explanations of any gaps in employment. Please use back of page if you need more space.

OTHER INFORMATION ABOUT YOURSELF

1. Have you ever been convicted of a felony or misdemeanor other than a traffic violation? Yes No

If Yes, state charge, court date and disposition of case. †

†Note: A Yes, does not automatically disqualify you from employment. The nature and date of the offence, and type of job for which you are applying will be considered.

2. Are you able to perform physical activities, such as, but not limited to, lifting heavy items (up to 50 lbs. unassisted), bending, standing, climbing or walking, stooping, lifting, carrying, pushing, pulling or otherwise moving objects weighing up to 50 pounds. Yes No

3. Do you have any job restrictions? Yes No
If yes please list what they are:

DRIVER'S LICENSE RELEASE OF INFORMATION

I, First Name: _____ MI: _____ Last Name: _____,

with a birth date of ___/___/____, and a State of _____ Drivers' License # of _____,

hereby authorize Feeding South Dakota to obtain the Abstract of my Driver's Operating Record. Including my personal information on the record. I understand that this information will be only shared with Feeding South Dakota's designated insurance agent, designated insurance company, and Feeding South Dakota. I understand that all information will be considered confidential.

I understand that if driving is required as part of the job that a good record will be required or will result in rescinding the job offer previously extended.

Signature of Applicant

Date

PLEASE READ, UNDERSTAND & INITIAL EACH STATEMENT

1. _____ If I misrepresent or deliberately leave out a fact in my application, I may be refused employment or if employed, I may be terminated.
2. _____ Pursuant to the Fair Credit Reporting Act, you are hereby given notice that an investigative consumer report may be made, including information as to character and general reputation as to honesty in connection with your application for employment. You have the right within a reasonable time to request in writing a complete and accurate disclosure of the nature and scope of any investigation requested.
3. _____ Feeding South Dakota has my authorization to thoroughly investigate my work and personal history that is job-related. I will hold no person, corporation, or organization liable for giving or receiving information in this investigation.
4. _____ In consideration of my employment, I agree to conform to the rules and regulations of Feeding South Dakota and I understand that no representative of Feeding South Dakota has any authority to enter into any agreement, oral or written, for employment for any specific period of time or to make any agreement of assurances contrary to this policy.
5. _____ As a requirement of Feeding South Dakota, all applicants offered a job will be or may be required to submit to a pre-employment drug test and physical examination. Failure to pass the pre-employment drug test or the physical examination will result in rescinding the job offer previously extended.
6. _____ If employed, I understand that my employment is for no definite period of time, and if terminated, Feeding South Dakota is liable only for wages, salary and benefits earned as of the date of termination.

Feeding South Dakota is an equal opportunity employer.

Feeding South Dakota does not discriminate, and no question on the application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with

this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at anytime with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

APPLICANT'S SIGNATURE

Signature of Applicant

Date