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Employment Application

Date submitted: _____

Position applied for: _____

General Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Have you ever worked at Kauai Food Bank? YES NO If so, when? _____

Do you know anyone who works at KFB? YES NO If so, who? _____

Have you ever been convicted of a felony or any other crime? YES NO
 If yes, explain: _____

It is the policy of the Kauai Food Bank to hire only U.S. citizens and individuals who are authorized to work in the U.S. As a condition of employment, you will be required to provide original documents establishing your identity and authorization to work, and to complete the U.S. Immigration and Naturalization Services Form 1.9.

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Note: Please do not answer the following question if you have NOT been informed about the requirements of the job for which you are applying.

Are you able to perform the essential functions of this job with or without reasonable accommodation? YES NO

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Previous Employment

Please list all previous employers, starting with your current or most recent employer. Include self-employment, summer, and part-time jobs. If necessary, please attach additional sheets following the same format.

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Describe any job-related training received:

Additional Information

Describe any specialized training, apprenticeship, skills, and extracurricular activities:

List any professional, trade, business, or civic activities and offices held:

You may exclude any memberships that would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

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

Specialized Skills

- | | |
|--|--|
| <input type="checkbox"/> Terminal | <input type="checkbox"/> Spreadsheet |
| <input type="checkbox"/> Computer (PC/Mac) | <input type="checkbox"/> Word Processing |
| <input type="checkbox"/> Typewriter | <input type="checkbox"/> Shorthand |
| WPM _____ | WPM _____ |

List any production/mobile machinery skills:
(i.e. forklift, pallet jack, etc.)

Provide any additional information that you feel may be helpful to us in considering your application:

Medical Information

After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination at the expense of Kauai Food Bank (KFB) and by a physician chosen by KFB, with the offer of employment conditioned on the result of such examination. Employees, at any time during the course of their employment, may be required to undergo a medical examination at the expense of KFB and by a physician chosen by KFB.

I authorize the physician conducting the examination and any laboratory testing and any specimen obtained by the physician to disclose the results of the examination and the laboratory test to KFB.

Signature: _____

Disclaimer and Signature

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further, I understand that any misrepresentation or omission will subject me to discharge and I hereby authorize any investigation of the above or related work experience, education, or reputation information for purposes or consideration of my application for employment.

This application is not a contract and cannot create a contract. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or Kauai Food Bank, with or without cause or reason and with or without notice.

Signature: _____ Date: _____