



# ANNE ARUNDEL COUNTY FOOD BANK

## APPLICATION FOR EMPLOYMENT

**Instructions:** The Anne Arundel County Food Bank considers applicants for all positions without regard to race, color, religion, gender identity, national origin, age, disability, marital or veteran status, sexual orientation or other legally protected status. The application must be completed in full. If you have a resume, attach it to this application.

Position(s) Applying For: \_\_\_\_\_

Date of application: \_\_\_\_\_

Name

Last

First

Middle

Street  
Address

City

State

Zip Code

Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

If under 18, and required, can you furnish a work permit:

Yes  No

E-mail address: \_\_\_\_\_

(Driver positions only): Do you have a valid Motor Vehicle Operator's License? Do you have a clean driving record?  Yes  No

If hired, can you submit verification of your legal right to work in the United States?

Yes

No

Are you available

Full Time

Part-time

Temporary

How did you hear about AACFB?

Online

Walk-in

Website

Other: \_\_\_\_\_

Referral: \_\_\_\_\_

### EDUCATION INFORMATION

	SCHOOL NAME/ LOCATION	MAJOR COURSE	# OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR CERTIFICATE
High School				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Business, Trade, Tech School				<input type="checkbox"/> YES <input type="checkbox"/> NO	
College				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Graduate School				<input type="checkbox"/> YES <input type="checkbox"/> NO	

### PROFESSIONAL ORGANIZATIONS

List relevant professional, trade, business or civic activities and offices held. (Exclude groups which may indicate race, color, religion, gender identity, sex, national origin, age, sexual orientation, marital or veteran status, disability, or other protected status, except as may be permitted by applicable law):

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

Starting with your current job, list a complete, accurate record of each prior employer. Include self-employment, military, summer, part-time, and volunteer jobs. Also, account for all periods of unemployment over six-month duration. If you need more space, continue a separate sheet:

Organization Name		Start Date	End Date
Address		Phone (     )	Job Title
City/State/Zip		Manager's Name	Manager Title
Liked about the job?	Disliked about the job?		Reason for leaving
Describe your work			

**Should not be contacted**  **May be contacted**

Organization Name		Start Date	End Date
Address		Phone (     )	Job Title
City/State/Zip		Manager's Name	Manager Title
Liked about the job?	Disliked about the job?		Reason for leaving
Describe your work			

**Should not be contacted**  **May be contacted**

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Liked about the job?	Disliked about the job?		Reason for leaving
Describe your work			

**Should not be contacted**  **May be contacted**

Summarize special skills, coursework, qualifications (i.e., technical), licenses and certifications acquired from employment or other experiences. State additional information you feel may be helpful to us in considering your application.

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**REFERENCES**

Give names and relevant contact information of 3 professional references NOT previously named, friends or persons related.

Name	Employer
Address	Position
City/State/Zip	E-mail address:
Alternate Phone (     )	Cell Phone (     )

Name	Employer
Address	Position
City/State/Zip	E-mail address:
Alternate Phone (     )	Cell Phone (     )

Name	Employer
Address	Position
City/State/Zip	E-mail address:
Alternate Phone (     )	Cell Phone (     )

**AUTHORIZATION TO CONDUCT BACKGROUND SCREENING**

By signing this application, I declare that the information provided in this application is true and correct to the best of my knowledge and I agree to have any of the statements checked by AACFB unless I have indicated to the contrary. I authorize the references listed above to provide AACFB all information concerning my previous employment and any other pertinent information that they may have.

I hereby release all those employers, references, academic institutions, and AACFB from any liability arising from their giving or receiving information about my employment, academic credentials, qualifications and/or suitability for employment with AACFB. I understand that any offer of employment is contingent upon a satisfactory evaluation of my employment history and references.

I understand that any false or misleading statements contained in this Application for Employment, or otherwise made by me to AACFB will be sufficient cause for rejection of my application. Further, if employed by AACFB, I may be dismissed any time in the future or whenever it is discovered.

**NOTIFICATION TO JOB APPLICANTS OF DRUG SCREENING**

It is the policy of AACFB to maintain a safe, healthy and productive work environment for all its employees, to provide services of the highest quality to its customers, and to maintain the integrity and security of its facilities and property.

To help achieve these goals, AACFB requires that a newly hired employee be free of alcohol, controlled substance and/or drug not medically approved or legal according to Federal Law while employed at AACFB. Offers of employment may be conditional on the candidate taking and passing a drug screening test for the presence of Federally illegal substances.

Any applicant who fails to pass a pre-employment screening test may be rejected for employment and be ineligible for employment consideration for a period of 12 months.

**POLICIES; AT-WILL EMPLOYMENT**

In consideration of my employment, I agree to comply with all rules, regulations, policies, procedures and practices of AACFB and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of AACFB.

I understand that nothing in this Employment Application, in AACFB's policy statements or HR guidelines (whether in a policy manual or elsewhere and whether written or oral), or in my communications with any employee is intended to create an employment contract between AACFB and me. I further understand that AACFB has and reserves the right to modify its policies at any time, with or without giving me any notice of such changes. No promises regarding employment have been made to me, and I understand that if any such promise or guarantee is or has been made, it is not binding upon AACFB unless it is made in writing and signed by the Board of Directors of AACFB. I agree that this shall constitute a final and binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral or collateral agreements regarding this issue.

I hereby acknowledge that I have read and fully understand all the above statements (Authorization to Investigate Statements; Notification to Job Applicants of Drug Screening; Company Policies; At-Will Employment).

I understand that this Application for Employment is valid only for ninety (90) days from the date of my signing, at the conclusion of which time if I have not heard from AACFB and still wish to be considered for employment, it may be necessary for me to complete and submit a new application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT, PROSPECTIVE EMPLOYEE, OR ANY CURRENT EMPLOYEE, TO SUBMIT TO, OR TAKE, A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.**