



## APPLICATION FOR EMPLOYMENT

**Date of Application** \_\_\_\_\_ **Applications are valid for 90 days.**

The Immokalee Foundation is an equal opportunity employer. The Immokalee Foundation does not discriminate in employment with regard to race, color, religion, national origin, religion, age, sex (including pregnancy, sexual orientation, or gender identification), disability, veteran status or any other characteristic protected by federal, state, or municipal law. The Immokalee Foundation is a Drug Free Workplace.

### PERSONAL INFORMATION *(Please complete all fields.)*

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Are you eligible to work in the U.S? \_\_\_ No \_\_\_ Yes

Are you at least 18 years or older? \_\_\_ No \_\_\_ Yes

Have you ever worked for this company before \_\_\_ No \_\_\_ Yes ***If yes***, please provide details.

\_\_\_\_\_

Do you any relatives or household members working at The Immokalee Foundation?

\_\_\_ No \_\_\_ Yes ***If yes***, who? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_ No \_\_\_ Yes ***If yes***, please provide details

\_\_\_\_\_

Depending on position, you may be asked to participate in criminal background checks, drug testing, and driving record checks. Do you have any objections to participation? \_\_\_ No \_\_\_ Yes

### EMPLOYMENT DESIRED

Position desired \_\_\_\_\_ Date you can start \_\_\_\_\_

Hourly Rate or Annual Salary desired \_\_\_\_\_

Are you able to work occasional evening hours? \_\_\_ No \_\_\_ Yes

Are you able to work occasional weekends? \_\_\_ No \_\_\_ Yes

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? \_\_\_ No \_\_\_ Yes

Are you currently employed? \_\_\_ No \_\_\_ Yes ***If yes***, may we contact your present employer? \_\_\_ Yes \_\_\_ No

<b>EDUCATION</b>	<b>Name and Location of School</b>	<b>Diploma/Degree Received</b>	<b>Subjects Studied/Major</b>
High School			
College or University			
Trade, Business or Correspondence School			

**EMPLOYMENT HISTORY** Include your last four (4) employers starting with the most recent and working backwards in time. *(Please complete all fields. Pleased do not state "See Resume".)*

<b>From</b>	<b>To</b>	<b>Employer Name</b>	<b>Telephone</b>
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
<b>From</b>	<b>To</b>	<b>Employer</b>	<b>Telephone</b>
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
<b>From</b>	<b>To</b>	<b>Employer</b>	<b>Telephone</b>
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Reason for leaving			
<b>From</b>	<b>To</b>	<b>Employer Name</b>	<b>Telephone</b>
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? \_\_\_ No \_\_\_ Yes If yes, please explain.

**REFERENCES**

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Email Address	Phone	Years Known
1			
2			
3			

**Please read carefully before signing.**

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for The Immokalee Foundation to hire me. If I am hired, I understand that either The Immokalee Foundation or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of The Immokalee Foundation has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to The Immokalee Foundation true and complete information on this application. No requested information has been concealed. I authorize The Immokalee Foundation to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date \_\_\_\_\_ Signature \_\_\_\_\_