

PASTOR'S PANTRY

EMPLOYMENT APPLICATION

Confidential Record of Personal and Employment History: To be considered for employment, all sections of this application must be completed in full, including your signature. Your application will be active for six months. Pastor's Pantry promotes being a drug-free organization. Pastor's Pantry is an Equal Opportunity and Affirmative Action Employer that endeavors pursuant to applicable state and federal laws to give every applicant for employment and every employee equal consideration in all matters relating to employment without regard to race, color, religion, sex, marital status, national origin, age, disability, veteran status, or any other status protected under local, state, or federal laws.

Please print clearly and use a pen to complete this application. Return to Pastor's Pantry at donna.mashburn@pastorspantry.org or P.O. Box 2051, Lexington, NC 27293.

GENERAL INFORMATION

DATE OF APPLICATION: _____

NAME: _____ E-MAIL ADDRESS: _____

STREET: _____ CITY: _____

STATE: _____ ZIP: _____ How would you like us to contact you? Home Phone E-mail Mobile

HOME PHONE: _____ MOBILE/OTHER PHONE: _____

Are you legally authorized to work in the U.S.? Yes No

(Documented proof of identity and eligibility for employment in the U.S. is required if you are hired.)

Are you at least 18 years of age? Yes No

(Employment is subject to verification of minimum legal age.)

How did you hear about us? Website News Media Friend Relative Other _____

Have you previously been employed by Pastor's Pantry? Yes No

If yes, under what name? _____ Dates of Employment: _____

Do you have relatives or friends employed by Pastor's Pantry? Yes No

If yes, please list: _____

Position you are applying for?

Why would you like to work for Pastor's Pantry?

Date available to start: _____

Expected starting rate of pay per hour: \$ _____

If the position you applied for ever requires overtime, possibly including weekends and holidays, can you meet that need?

Yes No Explanation if necessary: _____

Will you be working another job? No Yes - Part Time Yes - Full Time

Would you accept temporary work? Yes No

Do you have adequate, reliable transportation to work? Yes No

If, on occasion, this position should require you to use your personal vehicle for work purposes, would you be amenable? Yes No

EDUCATIONAL BACKGROUND

(Start with the highest level of schooling and end with high school)

SCHOOL NAME/LOCATION	DEGREE/MAJOR	GPA	YEARS COMPLETED

LIST ANY ADDITIONAL EDUCATION, TRAINING COURSES, AND CERTIFICATIONS:

SCHOOL NAME/LOCATION	COURSE/CLASS TAKEN	CERTIFICATE

Are you currently taking any day or evening courses? Yes No

If yes, please list details: _____

SKILLS AND QUALIFICATIONS

Summarize any special training (not listed above), skills, licenses and/or certificates, or on-the-job training/experience that may assist you in performing the position for which you are applying:

Please list equipment or machines with which you have experience:

Would you be willing to learn new skills? Yes No

EMPLOYMENT HISTORY

Start with the most recent employer, including at least 10 years history. Please use back of page if necessary.

NOTE: Complete this section even if resume is provided.

Employer Name: _____ Employer Address: _____ _____ Job(s) Held/Duties Performed: _____ _____ Reason for Leaving: _____ May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later If no, why? _____	Supervisor: _____ Phone No.: _____ Dates of Employment: From _____ to _____ Starting Pay: _____ Ending Pay: _____
Employer Name: _____ Employer Address: _____ _____ Job(s) Held/Duties Performed: _____ _____ Reason for Leaving: _____ May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later If no, why? _____	Supervisor: _____ Phone No.: _____ Dates of Employment: From _____ to _____ Starting Pay: _____ Ending Pay: _____
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Please explain below any gaps in employment including dates:

OTHER

Have you ever been discharged or asked to resign from a position of employment? No Yes

If yes, please explain: _____

Have you ever been convicted of a felony, misdemeanor, or other violation except a minor traffic violation? No Yes

If yes, please explain: _____

(A conviction does not automatically cause rejection of your application. Rather, such factors as age and date of conviction, nature and seriousness of the crime, and rehabilitation will be considered.)

REFERENCES

List the name, address, and telephone number of three business/work references who are **not** related to you and are **not** previous supervisors.

NAME	TITLE	COMPANY	YEARS KNOWN

APPLICATION AUTHORIZATION

I, the undersigned applicant, hereby certify that the facts and statements as set forth in this application for employment are true and complete. I understand that if I am hired, Pastor’s Pantry may terminate my employment due to any misrepresentation, misinformation, or inaccuracy of my statements contained herein. I authorize Pastor’s Pantry to investigate all statements contained in this application for accuracy and completeness, and to obtain any transcripts, records, or documents pertaining to my background and business experience as required by Pastor’s Pantry. I hereby release Pastor’s Pantry, its officers, employees, representatives, or agents from any and all liability and/or damage incurred by myself in obtaining such.

I understand that completion of this application does not in any way obligate Pastor’s Pantry to hire me or offer me a job. Should I be made an offer of employment, I understand that to be employed I must produce documents, specified by the federal government, establishing my identity and authorization for employment in the United States.

I certify that if I am employed, I have no objections to the following conditions concerning my employment and I further understand that my failure or refusal to abide by the policies and procedures of Pastor’s Pantry may result in termination of employment:

- I understand and agree that my employment is at-will and may be terminated by either Pastor’s Pantry or myself, with or without cause, at any time.
- I understand that if I have a physical or mental impairment that substantially limits one or more of my major life activities, or a record of such impairment, or otherwise believe myself covered by the Americans with Disabilities Act, I can advise Pastor’s Pantry at the time of the interview or hire about the accommodations it could make to enable me to perform the essential functions of the job I am seeking.
- I understand that submission of this information is voluntary and refusal to provide it will not subject me to adverse treatment in the employment process. If I am offered employment, Pastor’s Pantry may require me to take a physical examination including urinalysis, the results of which I agree can be reported to Pastor’s Pantry and those results will remain confidential.

Applicant’s Signature _____ **Date** _____

DRUG FREE WORKPLACE

The Pastor's Pantry recognizes its responsibility to provide a safe, drug-free work environment as protection for its employees, customers and guests. We will take necessary measures to ensure a drug-free workplace including the assistance of its employees in this endeavor.

While on The Pastor's Pantry premises, no employee may use, possess, distribute, sell or be under the influence of alcohol or illegal drugs. No employee, volunteer or community service person may bring any drug paraphilia onto the Pastor's Pantry campus. The legal use of prescription drugs is permitted only if it does not impair the employee's ability to perform, on the job effectively and in a safe manner.

To further protect our employees and clients, The Pastor's Pantry reserves the right to administer drug and alcohol tests in the following situations:

- As a step in the employment process
- When there is a reasonable suspicion to believe an employee is under the influence of drugs or alcohol
- As a follow-up program to treatment for drug or alcohol abuse

All testing will be conducted in a manner that is consistent with applicable state law requirements. Refusal to submit to a drug and/or alcohol test may be grounds for termination.

AUTHORIZATION FOR MEDICAL EXAM/DRUG TESTING

I understand that any offer of employment by Pastor's Pantry is conditional upon my submitting to and passing a medical exam and a drug test. I hereby consent to submitting to any such post-offer exam/test, and I authorize the Pastor's Pantry-authorized doctor(s)/clinic(s) to release the results of such exams/tests to Pastor's Pantry.

I will hold all parties concerned harmless. I will not sue or hold Pastor's Pantry or its contractors responsible for any alleged harm to me or for interfering with my obtaining a job or continuing employment for not submitting to the tests or as a result of the report from the tests. This includes possible clerical or laboratory error.

I understand that while employed by Pastor's Pantry I may be required to submit to a drug test whenever reasonable suspicion exists that I may be under the influence of drugs, alcohol or any other substance, and I hereby consent to submitting to such a test. Without limiting in any way the range of factors, events or situations that might constitute such reasonable suspicion, I understand and agree that my being involved in any workplace accident or injury that Pastor's Pantry cannot promptly and reasonably conclude was not in any way attributable to the use of alcohol, drugs or any illegal or controlled substance will constitute reasonable suspicion.

Print Name

Signature

Date