Downtown Food Pantry, Inc.

APPLICATION FOR EMPLOYMENT



Complete and mail with a cover letter and resume to: Sammy Player 4115 Oleander Paris, TX 75462

Name:	Date	:
First M.I. Last		
Address:		
Street	City State	ZIP
Contact: () -	() -	
Home Phone	Mobile Phone	
Email:		
Position Desired:	Date Avail	able:
Desired salary range:	Are you willing to travel: Yes □ No □	
Currently Employed: Yes ☐ No ☐	May we contact your present emp	loyer: Yes □ No □
Education		
Undergraduate: Name and location of school: Dates attended: Date graduated: Type of diploma or degree: Field of study:		
Graduate/Professional: Name and location of school: Dates attended: Date graduated: Type of diploma or degree: Field of study:		
Other (specify): Name and location of school: Dates attended: Date graduated: Type of diploma or degree: Field of study:		

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Employment Experience (start with present or last job)				
Company:	Job Title:	Phone:		
Address:		Dates of Employment:		
Supervisor:	Reason for leaving:			
Work performed:				
Company:	Job Title:	Phone:		
Address:		Dates of Employment:		
Supervisor:	Reason for leaving:			
Work performed:				
Company	Job Title:	Phone:		
Company:	Job Title.			
Address:	Job Title.	Dates of Employment:		
	Reason for leaving:	Dates of Employment:		
Address:		Dates of Employment:		
Address: Supervisor:		Dates of Employment:		
Address: Supervisor:	Reason for leaving:	Dates of Employment:		
Address: Supervisor: Work performed:	Reason for leaving:			
Address: Supervisor: Work performed: Specialized Skills (check skills possessed)	Reason for leaving: ed) readsheet	s 🗆 Other (list):		
Address: Supervisor: Work performed: Specialized Skills (check skills possessed Discontinuous PC/MAC Discontinuous Discontinu	Reason for leaving: ed) readsheet	s 🗆 Other (list):		
Address: Supervisor: Work performed: Specialized Skills (check skills possessed Discontinuous PC/MAC Discontinuous Discontinu	Reason for leaving: ed) readsheet	s 🗆 Other (list):		

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References		
Name:	Occupation:	Phone:
Name:	Occupation:	Phone:
Name:	Occupation:	Phone:
Additional Informatio application)	n (state any additional information you fee	I may be helpful to us in considering your
I certify that answers given her	ein are true and complete.	
_		
i autnorize investigation of all s arriving at an employment dec	statements contained in this application for emplision.	oyment as may be necessary in
	nt shall be considered active for a period of time	not to exceed 20 days. Any applicant
	mployment beyond this time period should inqui	, , , ,
are being accepted at that time	<u>2</u> .	
I hereby understand and ackno	owledge that, unless otherwise defined be applica	able law, any employment relationship
-	at will" nature, which means that the employee	may resign at any time and the
employer may discharge emplo	byee at any time with or without cause.	
• •	understand that false or misleading information g	
may result in discharge. I unde	erstand, also, that I am required to abide by all ru	iles and regulations of the employer.
	_	
Signature of applicant	D	ate