



MIDFIELD CITY SCHOOLS

A tradition of Excellence & Pathway to Success

EMPLOYMENT APPLICATION FOR CHILD NUTRITION PROGRAM (CNP) POSITION

Applicant Instructions

This application is intended for use in evaluating your suitability for employment. It is not an employment contract. Please answer all appropriate questions completely and to the best of your ability. False or misleading statements are grounds for refusal or termination of employment and benefits. Qualified applicants will not be denied employment or be excluded from employment on the basis of disability, sex, race, religion, natural origin color or age. A felony conviction will not necessarily bar an applicant from employment. To ensure qualifications for essential functions of the job, employment may be contingent upon the results of additional testing of your job related skills, mental/physical abilities, physical condition and for the presence of drugs in your body.

Must complete Substitute Application and submit legible fingerprints for a Background review by the Alabama Bureau of Investigation and the Federal Bureau of Investigation (HB 402 ACT 99-361) Alabama Legislature.

Name: _____ **Date:** _____

Social Security Number: _____

Address: _____

Prior Address: (if less than 3 years)

Phone: _____ **Cell:** _____ **Work:** _____

Email Address: _____

General Information

Are you currently employed?: Yes _____ No _____ If yes, where: _____

If presently employed, why do you wish to change? _____

Have you ever been discharged or requested to resign from position? (If yes, comment below) _____

Have you ever had a certificate or license revoked or suspended? (If yes, comment below) _____

Please list other skills, licenses, fluency in other languages or certificates that are job-related: _____

Food Service Experience:

Name of Employer	State	Duties or Job Description	Dates of Employment	Supervisor Name and Phone Number

Educational and Professional Training

Level of Education	Name of School or University	State	Field of Study	Type of Degree	Year of Graduation	Date of Attendance
High School						
College/University						

Work Experience

Employer	City/County	State	Job Description	Dates of Employment	Supervisor and Phone Number

Food Service Certification

Have you been issued a Food Handler’s or Serv-safe certificate in this state? _____ Yes _____ No

Type of Certificate: _____

Year Certification Expires: _____

Health & Safety

Have you ever had any work related illness or injuries? _____ Yes _____ No

If you have had any such illnesses or injuries, would these prevent you from performing functions of the described job? _____ Yes _____ No

Do you have any physical or mental conditions, which would affect your job performance, your safety or the safety of others in the workplace? _____ Yes _____ No

If hired, would you be taking any medication or drugs, which would affect your job performance, your safety or the safety of others in the workplace? _____ Yes _____ No

If you answered yes to any of these questions, please describe in the space provided below:

Security

In which states have, you lived in the past seven (7) years:

Have you used any other names (aliases, maiden name, married name, etc.) or Social Security number other than what you have given or listed on page one? _____ Yes _____ No

If so, please list: _____

Have you been convicted of a felony and/or serve time for a felony in the past seven years? _____ Yes _____ No

Have you been convicted of any crimes of moral turpitude or offenses involving children, handicapped or the elderly? _____ Yes _____ No

If you answered yes to any of the above questions please describe below:

Date of Incident	City and State	Description of the Charge

References/Employment Verifications

It is the applicant’s responsibility to provide at least three (3) references:

Name	Position/Relationship	Email Address	Mailing Address	Phone Number

Certification and Release

I certify that I have read and understand the information in this form and that answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentation of facts called for in this application may result in the rejection of my application or discharge at any time during my employment. I authorize the school and/or its agents including consumer-reporting bureaus to verify any of this information by searching appropriate information and record sources. I authorize all employers, persons, schools, law enforcement authorities and state agencies to release any information concerning my background and hereby release those parties from any liability from any damages whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If school policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to being offered a position and/or during employment.

Signature

Date

General Information

The Midfield City Board of Education is an Equal Opportunity Employer. “No person shall be denied employment or be excluded from participation in any program, or activity on the basis of disability, sex, race, religion, natural origin, color or age.”

Upon offer of employment, employees will be required to submit legible fingerprints for a Background review by the Alabama Bureau of Investigation and the Federal Bureau of Investigation (HB 402 ACT 99-361) Alabama Legislature.