

# Ecumenical Community Food Pantry of Norwood Executive Director & Assistant Director Application

The Ecumenical Community Food Pantry of Norwood, Inc. (Norwood Food Pantry) will provide equal opportunities to all applicants without regard to an applicant's race, color, religion, gender, genetic information, national origin, age, veteran status, disability, or any other status or characteristic protected by law. Norwood Food Pantry will provide reasonable accommodations to allow an applicant to participate in the interview process (e.g., accommodation for a job interview) if so requested. All volunteer position at the Norwood Food Pantry "at will" and may be terminated at any time by either party.

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Date Available: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever volunteered at the Norwood Food Pantry? YES  NO  If yes, when? \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_



### Other Related Skills

Do you speak any language other than English?	If so, please list:			
Proficiency (check the boxes)	Excellent	Good	Fair	Poor
Reading				
Writing				
Speaking				

Academic honors, outstanding achievements, scholarships or other significant job-related awards:

Professional licenses or certifications earned:

Computer or software proficiencies:

Other job-related skills:

### References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Disclaimer and Signature

*I hereby certify that the answers given by me to the foregoing questions and statements are true and correct without reservation and hereby authorize the Norwood Food Pantry to verify same. If an opportunity is obtained under this application, I will comply with all orders, rules, and regulations of the Norwood Food Pantry. Unless otherwise noted in this document, I authorize the Norwood Food Pantry to verify information I have provided in this application with my former employers, volunteer organizations and educational institutions. If upon review, anything contained in this application is found to be untrue, I understand that I will be subject to dismissal at any time.*

*If this application leads to a Norwood Food Pantry opportunity, I understand that false or misleading information in my application or interview may result in my release.*

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