

Application for Employment

Date:		Position Applying	Any Available				
Last Name		First Name				Middle Initial	
() Home Phone	(_	Other Phone			Email		
Current Address				Apt. #			
City				State		Zip Code	
Have you ever be	en employed by the	Co-op before?			□ Y	res	
If yes, when?							
Have you ever ap	plied at the Co-op l	efore?			□ Y	res	
If yes, when?							
Do you have any	friends or relatives	working at the Co-o	p?		□ Y	res	
Name				Relation	nship		
Name				Relation	nship		
EMPLOYME	NT DECIDED						
		eek) 🗖 Part-time w	ork (32 and less h	ours per week)			
Please indicate w	hen you are availab	le to work:					
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Are you available	e for work on weeke	nds? Yes No)		1		
Are you able to w	ork on-call for deli	very days? Tes	□ No				
If hired, when co	uld you start?						
What planned va	cations or extended	time off do you nee	d in the next 3 to	6 months?			
Are you at least 1	8 years old? (If under	18, hire is subject to verif	ication that you are of 1	minimum legal age.)	☐ Yes	□ No	
Are you legally a	uthorized to work i	n the U.S.? (Proof of el	igibility will be require	d upon employment.)	☐ Yes	☐ No	
Have you ever be	en convicted of a cr	iminal offense (felor	ny or serious misd	lemeanor)?	☐ Yes	☐ No	
If yes, state the nature of	of the crime(s), when and	where convicted and dispo	osition of the case				

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

EMPLOYMENT HISTORY

List your last four employers, starting with the most recent. Please complete this section even if you attach a resume.

City City May we contact th	State Zip Hours worked pe Ending	
Hourly Pay:Starting	Hours worked pe	r week
Starting	Ending	
		Yes No
May we contact th	is employer for a reference?	Yes
	()	
Supervisor N	ame	Phone Number
City	State Zip	
Hourly Pay:Starting	Hours worked pe Ending	r week
May we contact th	is employer for a reference?	Yes
	()	
Supervisor N	ame	Phone Number
City	State Zip	
Hourly Pay:Starting	Hours worked pe	r week
May we contact th	is employer for a reference?	Yes
	()	
Supervisor N	lame	Phone Number
City	State Zip	
Hourly Pay:Starting		r week
	is employer for a reference?	Yes
	May we contact the Supervisor N City Hourly Pay: Starting May we contact the Supervisor N City Hourly Pay: Starting Supervisor N City Hourly Pay: Starting	Hourly Pay: Hours worked personal Ending Hours worked personal Ending Hours worked personal Ending Supervisor Name City State Zip Hourly Pay: Hours worked personal Ending Hours worked personal Ending Hours worked personal Ending Supervisor Name City State Zip Hourly Pay: Hours worked personal Ending Hours Work

SKILLS & INTERESTS Have you ever shopped at the Co-

Have you ever shopped at the Co-op before? If yes, describe your experience and any of your favorite products.
What do you like about natural and organic foods?
Why would you enjoy working at the Co-op?
List skills relevant for position(s) applied for:
Describe a specific situation where you provided excellent customer service in your most recent job. Why was this effective?
What do you think your past supervisors would say are your strengths?
What do you think your past supervisors would say are your areas for improvement?
One of the requirements of this job is the ability to frequently move product weighing up to 50 pounds. Are you able to do that with or without reasonable accommodation?
Is there anything else you would like to add or is there anything else we should know in considering you for a job at the Co- op?