

Employment Application

Work at the Co-op



About You

Your Name:

Address:

City/State/ZIP:

Phone #:

Email:

If Hired, Can you prove you're eligible to work in the United States? Yes No

Have you ever been convicted of a Felony?

Yes No Explain, if Yes _____

Tell us about your Education:

High School Grad/GED College Grad

Post Grad Vocational School

Info about your education/experience:

Availability

When Can You Start?

Full Time (30+ hrs) Part Time(10-29hrs)

Availability:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Obligations or Extra-curriculars:

Questions

There are a lot of places to work in the Hills, why do you want to work here?

We are constantly trying to improve the Co-op, how will your personal strengths, skills, and leadership experience help us improve?

Do you have any specific experience or knowledge related to Natural Foods, Co-ops, or retail stores?

References

Name Relationship Phone Number

Name Relationship Phone Number

Name Relationship Phone Number

Prior Work History

Please list your previous three jobs, in order, beginning with the most recent:

Employer: _____ Employment dates: _____
Address: _____ from _____
Contact Person: _____ to _____
Phone Number: _____
Responsibilities: _____ Pay Rate: _____
Reason for Leaving: _____

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I certify that all information in this application and any attached documents are true, correct, and complete to the best of my knowledge. I understand that any omitted or inaccurate information in this application may result in rejection of the application or, if hired, immediate termination of employment. I authorize all former employers to release job-related information about me and I release all persons or companies from any liability or responsibility for providing such information.

Signature of Applicant

Date

Printed Name of Applicant