

HIGH FALLS



FOOD CO-OP

EMPLOYMENT APPLICATION

DATE _____ NAME _____

ADDRESS _____ CITY, STATE, ZIP _____

TELEPHONE _____ EMAIL _____

Are you at least 18 years old? Yes No BIRTHDATE IF UNDER 18 (MM/DD/YYYY) _____

Have you applied here before? Yes No POSITION YOU ARE APPLYING FOR _____

How did you hear about this opening? _____ (PLEASE BE SPECIFIC; E.G. CRAIGSLIST, FRIEND, WEBSITE, ETC.)

Please list anyone you know who is currently working here or has worked here before. What is your relationship?

Availability: Please indicate below all hours you are available to work.

Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
List hours you are available ex: 8am -4pm							

Are there any hours you cannot work? If yes, please list here. _____

Date available to begin. _____

Days scheduled and number of hours may differ each week. Can you work a flexible schedule? Yes No

Please indicate the departments you are interested in working in, not just those currently advertised:

Grocery Produce Meat Wellness Kitchen Front End Administrative Maintenance

Are there any conditions which might prevent you from doing the essential functions of the job or types of jobs for which you are applying?

WORK INFORMATION AND HISTORY

Briefly describe your goals for the future, career or personal. How does the Co-op fit into your plans?

Do you have any skills or experience in the following areas? Co-ops Cashiering Retail Merchandising Produce
 Natural Foods Customer service Computers Kitchen Supervising

Please list any other experiences or skills which you feel would qualify you to work at the Co-op

Prior Work History - Please list beginning with present or most recent.

EMPLOYER	SUPERVISOR
TELEPHONE	ADDRESS
JOB TITLE	RESPONSIBILITIES
DATES EMPLOYED (from) _____ (to) _____	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
REASON FOR LEAVING _____	

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TELEPHONE	ADDRESS
JOB TITLE	RESPONSIBILITIES
DATES EMPLOYED (from) _____ (to) _____	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
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EDUCATION

	School Name	Location	Years completed	Certificate/Diploma/Degree
High school				
Post-secondary				
Other training				

REFERENCES

Please provide three references; at least two should be professional.

NAME	RELATIONSHIP	PHONE	EMAIL

I certify that all of the information I have given here is true and complete, and I authorize investigation of all statements in this application.

Signature _____