



Dear applicant,

I would like to thank you for submitting an application to work at the Co-op. We think that it's a great place to work and appreciate your interest.

Please recognize that most of our available entry-level job opportunities involve work schedules that include weekend and evening shifts.

We will maintain your application on file for one year. If there is an available position that we feel meets your interest, background and experience, we will contact you. Due to the large number of applications received, we ask that you do not call on the status of your application. In there is interest on our part, we will be in touch.

Again, I would like to thank you for submitting an application with us.

Sincerely,

A handwritten signature in cursive script that reads "Phil Brodeur".

Phil Brodeur  
Employee Services Manager

# BRATTLEBORO FOOD CO-OP

Brookside Plaza ▪ 2 Main St. ▪ Brattleboro, VT ▪ 05301 ▪ 802.257.0236

## APPLICATION FOR EMPLOYMENT

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail address \_\_\_\_\_

For which position(s) are you applying? \_\_\_\_\_

Please circle days you are available to work: M T W TH F SA SU

Are you willing to work at least three evenings per week until 10pm?  Yes  No

Date you can begin work: \_\_\_\_\_

How many hours per week would you prefer to work? \_\_\_\_\_

Are you willing to work eight hours on either Saturday or Sunday?  Yes  No

Can you work both Saturday and Sunday?  Yes  No

If hired, can we expect you to work here consistently for at least one year?  Yes  No

If no, how long? \_\_\_\_\_ Are you 18 years old or older?  Yes  No

Are you legally able to work in the U.S.?  Yes  No

### PREVIOUS EMPLOYMENT

*(Please list your most recent employment first.)*

|                                       |
|---------------------------------------|
| Name & Location: _____                |
| Dates employed: _____                 |
| Position: _____ Salary: _____         |
| Reason for Leaving: _____             |
| Duties/Skills relevant to BFC: _____  |
| Supervisor's Name: _____ Phone: _____ |

|                                       |
|---------------------------------------|
| Name & Location: _____                |
| Dates employed: _____                 |
| Position: _____ Salary: _____         |
| Reason for Leaving: _____             |
| Duties/Skills relevant to BFC: _____  |
| Supervisor's Name: _____ Phone: _____ |

|                                       |
|---------------------------------------|
| Name & Location: _____                |
| Dates employed: _____                 |
| Position: _____ Salary: _____         |
| Reason for Leaving: _____             |
| Duties/Skills relevant to BFC: _____  |
| Supervisor's Name: _____ Phone: _____ |

\*May we contact your current and/or past supervisor(s)? \_\_\_\_\_

\*Please list any special skills or qualifications, relevant jobs dating before the jobs above, major gaps in employment history, or any previous association with the Brattleboro Food Co-op:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Why are you interested in this position?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*References:

Please provide names, addresses, and phone numbers of three people, not related to you, whom you have known for at least one year:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this company/organization. **I understand and agree that if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this company/organization.**

AGREEMENT: I certify that the information of on this application is true, complete and correct. I hereby authorize the investigation of my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

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