



Employment Application

Date: _____ Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Are you at least 18 years old? ☐ Yes ☐ No Birthdate if under 18 (*mm/dd/yy*): _____

Have you applied here before? ☐ Yes ☐ No Which position are you 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
Hours Ex. 8:00A – 4:00 P							

Are there any hours you cannot work? _____

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: _____

~ Continued on other side ~

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

Employer: _____ Supervisor: _____
Phone: _____ Address: _____
Job Title: _____ Responsibilities: _____

Dates employed: *from* _____ *to* _____ ☐ Full-time ☐ Part-time
Reason for leaving: _____

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Job Title: _____ Responsibilities: _____

Dates employed: *from* _____ *to* _____ ☐ Full-time ☐ Part-time
Reason for leaving: _____

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: _____

The High Falls Food Co-op is an equal opportunity employer.