

## **Employment Application**

Date:		Name:								
Address:	Address: City, State, Zip:									
Phone:	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 <i>Ex.</i> 8:00A – 4:00 P	Sulday	Wonday	Tuesday	wednesday	Thursday	Tilday	Saturday			
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:										

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

Employer:Phone:			Supervisor:Address:Responsibilities:				
Job Title: Dates employed: from _					□ Part-time		
Reason for leaving:				_			
Employer:			Address:	Supervisor:			
Phone: Job Title:			Responsibilities:				
Dates employed: from _ Reason for leaving:					□ Part-time		
Employer:Phone:			Supervisor:Address:				
Job Title:							
Dates employed: from Reason for leaving:		_ to		_ □ Full-time	□ Part-time		
		]	Education				
	School Nar	ne	Location	Years completed	Certificate/Diploma/Degree		
High school							
Post-secondary Other training							
o with training					L		
	Please provide t		References nces; at least two s	should be professional.			
Name	Rela	Relationship		Phone	Email		
this application.			-	, and I authorize invest	igation of all statements in		
Signature:							

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