

# Application for Employment



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

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Are you known by any other name? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please provide: \_\_\_\_\_

Address: (Where we can rely on reaching you)

\_\_\_\_\_  
(Street) (City) (State) (Zip)

Temporary Address (if applicable)

\_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

or Phone where a message can be left: \_\_\_\_\_

E-mail address: At home: \_\_\_\_\_ At Work: \_\_\_\_\_

Are you at least 18 years old? Yes ☐ No ☐

Note: If under 18 years old, hire is subject to your parent's or guardian's written permission, and if under 16 years old, a Youth Employment Certificate.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to work in this country? Yes ☐ No ☐

Have you ever worked for the Co-op before? If yes, when? \_\_\_\_\_

What is your experience with local, natural foods? \_\_\_\_\_

What do you know about cooperatives? \_\_\_\_\_

How were you referred to the Co-op? (Newspaper, radio, friend, etc.) \_\_\_\_\_

List Co-op employees that you know (including relatives) \_\_\_\_\_

I am available: Full Time ☐ Part Time ☐ Temporary ☐ Summer ☐

The Co-op is open 7 days a week, 8-8. Employees are required to work evenings, weekends and holidays. What is your availability?  
(please circle) M T W T F S S

When can you start work? \_\_\_\_\_

Do you have any schedule limitations? If yes, please specify:

Minimum Wage or Salary required:

**EMPLOYMENT DESIRED:** Are you applying for a specific job opening? If yes, please specify:

Would you be interested in other positions at the Co-op? If yes, please specify:

EDUCATION:	Name of School	Years Attended	Did you graduate?	Subjects Studied
High School				
GED				
College				
Graduate School				

**EDUCATION:** If you **did not graduate**, why and when did you leave school?

Future plans for continuing education and training, if any:

**GENERAL:** Subjects of Special Study/Scholastic Honors/Additional Training related to the position you are seeking:

**Special Skills** (for example: Computer—list software you are familiar with; or words per minute for typing):

**Activities** you enjoy:

EMPLOYMENT HISTORY: List **ALL** employment including military and volunteer service starting with the most recent position held. Explain gaps in employment history. You may attach a resume, but you must complete this section.

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Dates Employed from: \_\_\_\_\_ to \_\_\_\_\_ May we contact them? Yes ☐ No ☐  
Pay Rate Starting \_\_\_\_\_ Finishing \_\_\_\_\_ Reason for making change: \_\_\_\_\_  
Your responsibilities: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Dates Employed from: \_\_\_\_\_ to \_\_\_\_\_ May we contact them? Yes ☐ No ☐  
Pay Rate Starting \_\_\_\_\_ Finishing \_\_\_\_\_ Reason for making change: \_\_\_\_\_  
Your responsibilities: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Dates Employed from: \_\_\_\_\_ to \_\_\_\_\_ May we contact them? Yes ☐ No ☐  
Pay Rate Starting \_\_\_\_\_ Finishing \_\_\_\_\_ Reason for making change: \_\_\_\_\_  
Your responsibilities: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Dates Employed from: \_\_\_\_\_ to \_\_\_\_\_ May we contact them? Yes ☐ No ☐  
Pay Rate Starting \_\_\_\_\_ Finishing \_\_\_\_\_ Reason for making change: \_\_\_\_\_  
Your responsibilities: \_\_\_\_\_ Job Title: \_\_\_\_\_

**EMPLOYMENT:** Which of these positions did you like best?

\_\_\_\_\_

What did you like most about this position?

\_\_\_\_\_

**MILITARY SERVICE:** Branch of Service, kinds of training, and duty while in the service:

From: \_\_\_\_\_ to: \_\_\_\_\_ Rank: \_\_\_\_\_

Present military affiliation: None ☐ Reserve (active) ☐ Reserve (inactive) ☐

**REFERENCES:**

Give the names of three people not related to you whom you have known at least year, particularly those who could speak to your work experience.

Name \_\_\_\_\_ Title/Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone (work or home) \_\_\_\_\_

Name of Business (if applicable) \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_ Title/Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone (work or home) \_\_\_\_\_

Name of Business (if applicable) \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_ Title/Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone (work or home) \_\_\_\_\_

Name of Business (if applicable) \_\_\_\_\_ Years Acquainted \_\_\_\_\_

The Littleton Co-op is committed to extending opportunity to everyone in our community and maintains a policy of nondiscrimination with employees and applicants for employment. We do not discriminate based on race, color, religion, creed, gender, sexual orientation, marital status, age, national origin, ancestry, place of birth, physical or mental disability, or any other basis prohibited by statute.

**Please Read Carefully, Initial Each Paragraph and Sign Below:**

\_\_\_\_\_ I certify that all the information submitted by me on this application is true and complete to the best of my knowledge, and I understand that if I am employed, false statements on this application can be grounds for termination of my employment. I understand that this application, if I am employed by the Co-op, will become part of my personnel file.

\_\_\_\_\_ In connection with this application, I authorize my former employers and schools to release information they may have about me. I release all parties supplying such information and the Co-op from any liability arising out of the release of any such information.

\_\_\_\_\_ I understand that if I am offered a position at the Co-op, my employment is "at will," which means that either the Co-op or I may terminate the employment relationship at any time, with or without notice or cause. I also understand and agree that the terms and conditions of my employment may be changed with or without case, and with or without notice, at any time by the Co-op.

I understand that no Co-op representative, other than its General Manager, and then only in writing and signed by the General Manager, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

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

*Your employment application is considered active for one month. If you wish your application to remain active longer, please let us know.*