

## **Application for Employment**

Date:	P	osition applying fo	or:				odated: May 201
Last Name	t Name First Name					Middle Initial	
() Phone			Email Addre	ss			
Present Address				Apt. #			
City				State Zip Code			
Are you 21 years of age or older? (WEG policy is to hire individuals who are 21 or older due to the sales of alcohol.)						Yes	☐ No
Have you ever been employed by the Co-op before?						Yes	☐ No
Have you ever applied at the Co-op before?  If yes, when?						Yes 	□ No
How did you he	ar about the Co-o	p?					
Do you have an	y friends or relati	ves working at the	Co-op?			Yes	☐ No
Name				Relation	nship		
 Name				Relation	nship		
	k (32-40 hours per when you are ava	ilable to work:	·	and less hours p	,	Tempo	orary work
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		Sunday
•		ekends? 🗖 Yes		Pay desire	ed:		
How long would	l you like to work	at the Co-op?					
What planned v	acations or exten	ded time off do yo	ou need in the n	ext 3 to 6 month	าร?		
If hired, would y	ou have a reliable	e means of transp	ortation to and	from work?		Yes	☐ No
•	,	ınder 18, hire is subject	•	•	_		☐ No
Are you legally	authorized to wor	k in the U.S.? (Prod	of of eligibility will be	required upon emplo			☐ No
Have you ever b	een convicted of	a criminal offense	e (felony or seri	ous misdemean	or)?	Yes	☐ No
If yes, state the natur	e of the crime(s), when	and where convicted ar	nd disposition of the o	case			

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

## **EMPLOYMENT HISTORY**

List your last four employers, starting with the most recent. Please complete this section even if you attach a resume.

		()
Name of Business	Supervisor Name	Phone Number
Address	City State	Zip
Dates of Employment:	Hourly Pay:	Hours worked per week
From To	Starting Ending	
Job Duties:		
Reason for Leaving:	May we contact this employer for	or a reference?
		( )
Name of Business	Supervisor Name	Phone Number
Address	City State	Zip
Dates of Employment:	Hourly Pay:	Hours worked per week
From To	Hourly Pay:	
Job Duties:		
Reason for Leaving:	May we contact this employer for	or a reference?
		( )
Name of Business	Supervisor Name	Phone Number
Address	City State	Zip
Dates of Employment:	Hourly Pay: Ending	Hours worked per week
From To	Starting Ending	
Job Duties:		
Reason for Leaving:	May we contact this employer for	or a reference?
		( )
Name of Business	Supervisor Name	Phone Number
Address	City State	Zip
Dates of Employment:	Hourly Pay: Ending	Hours worked per week
From To	Starting Ending	
Job Duties:		
Reason for Leaving:	May we contact this employer fo	or a reference?

Please explain all periods of unemployment (if applicable):

## **SKILLS & INTERESTS** List skills relevant for position(s) applied for: Have you ever shopped at the Co-op before? If yes, describe your experience and any of your favorite products. What do you like about natural and organic foods? Why would you enjoy working at the Co-op? And why are you interested in this position? Describe a specific situation where you provided excellent customer service in your most recent job. Why was this effective? What do you think your past supervisors would say are your strengths? What do you think your past supervisors would say are your areas for improvement? What was the best job you have ever had? Why did you like it so much? What was the worst job you have ever had? Why did you dislike it so much? How was your attendance at your last job? How many days did you miss from work in the past year? Can your employer(s) verify this information?

Is there anything else you would like to add or is there anything else we should know in considering you for a job at the Co-op?

1)			()				
Last Name	First Name		Telephone Nu	ımber			
Occupation		How acquainted and for how long?					
2) Last Name	First Name		()_ Telephone Nu	ımber			
Occupation		How acquainted and for how long?					
3)			( )				
Last Name	First Name		Telephone Number				
Occupation		How acquainted and for how long?					
EDUCATION							
School	City, State	Dates (years) Attended	Graduated?	Degrees(s) / Diplomas Earned			
			☐ Yes ☐ No				
			Tes Tivo				
			☐ Yes ☐ No				
			☐ Yes ☐ No				
CERTIFICATION	I		Tes Tino	. <b>I</b>			
	initial each paragraph and s	sian below:					
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employment and that the undersigned applicant, h material fact on this app	hat I have not knowingly withle answers given by me are transve personally completed the lication or on any document uliate discharge if I am employ	ue and correct to the best is application. I understance used to secure employm	st of my knowled and that any omi ent shall be gro	dge. I further certify that I, the ission or misstatement of unds for rejection of this			
matters related to my su	ze Whole Earth Grocery to the uitability for employment and, all letters, reports and other in	further, authorize the ref	erences I have				

\_\_\_\_\_I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Whole Earth Grocery. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Whole Earth Grocery, and that no promises or representations contrary to the foregoing are binding on Whole Earth Grocery unless made in writing and signed by me and Whole Earth Grocery designated representative.

of such disclosure. In addition, I hereby release Whole Earth Grocery, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way

related to such investigation or disclosure.

Applicant's Signature Date