



## Application for Employment

\_\_\_\_\_  
Date Position Applying For

### CONTACT INFO:

\_\_\_\_\_  
First Name Last Name Middle

\_\_\_\_\_  
Present Address City State Zip

(\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
Home Phone

(\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email Address

Best way to contact:  Cell  Home Phone  Email

Have you ever been employed by the Co-op before?  Yes  No If yes, when? \_\_\_\_\_

Have you ever applied at the Co-op before?  Yes  No If yes, when? \_\_\_\_\_

How did you hear about the job opening? \_\_\_\_\_

### DESIRED EMPLOYMENT:

Full-time work (32-40 hours)  Part-time work (20-32hrs)  Temp work

Please place an "X" under any day you are **NOT** available to work:  Available to work any day, anytime

SHIFT	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7am - 4pm							
3pm-9pm							
Comments:							

Are you available for work on weekends?  Yes  No

If hired, when could you start? \_\_\_\_\_ Pay desired: \_\_\_\_\_

How long would you like to work at the Co-op? \_\_\_\_\_

What extended time off do you need in the next 3 to 6 months? \_\_\_\_\_

**MINIMUM REQUIREMENTS:**

- If hired, would you have a reliable means of transportation to and from work?  Yes  No
- Are you at least 16 years old?  Yes  No
- Are you legally authorized to work in the U.S.?  Yes  No (Proof of eligibility will be required upon employment.)
- After reading through the job description for the position for which you are applying, do you believe you are able to perform the essential job functions, either with or without reasonable accommodation?  
 Yes  No If no, describe the functions that cannot be performed: \_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, or skill/agility tests.)

- Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?  Yes  No  
 If yes, state nature of the crime(s), when and where convicted, and disposition of the case. \_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the 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 below all present and past employment starting with your most recent employer (include last 4 employers or 10 years history) Start with the most recent. Please include any periods you were not employed and why. Attach additional sheets if needed. *You must complete this section even if attaching a resume.*

Are you currently employed?  Yes  No If so, may we contact your current employer?  Yes  No

Dates: Name of Business: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Responsibilities \_\_\_\_\_  
 To: \_\_\_\_\_

Pay Rates: Start \_\_\_\_\_ End \_\_\_\_\_ Approx hours per week: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

Dates: Name of Business: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Responsibilities \_\_\_\_\_  
 To: \_\_\_\_\_

Pay Rates: Start \_\_\_\_\_ End \_\_\_\_\_ Approx hours per week: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

Dates: Name of Business: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Responsibilities \_\_\_\_\_  
To: \_\_\_\_\_

\_\_\_\_\_ Pay Rates: Start \_\_\_\_\_ End \_\_\_\_\_ Approx hours per week: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Dates: Name of Business: \_\_\_\_\_ Address: \_\_\_\_\_  
From: Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Responsibilities \_\_\_\_\_  
To: \_\_\_\_\_

\_\_\_\_\_ Pay Rates: Start \_\_\_\_\_ End \_\_\_\_\_ Approx hours per week: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**REFERENCES:**

Name two persons who have first-hand knowledge of your work skills and experiences.

\_\_\_\_\_ Name \_\_\_\_\_ Business and Position \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Name \_\_\_\_\_ Business and Position \_\_\_\_\_ Phone \_\_\_\_\_

**EDUCATION:**

School	City, State	# of Years	Graduated?	Degree(s) / Diplomas Earned

**SKILLS AND INTERESTS:**

List any job-related skills, training, qualifications, that you feel make you especially suited for this position.

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

1. Why are you interested in working at Natural Harvest Food Co-op? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe a specific situation where you provided excellent customer service in your most recent job.  
Why was this effective? \_\_\_\_\_  
\_\_\_\_\_

3. What do you think your past supervisors would say are your strengths? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What do you think your past supervisors would say are your areas for improvement? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What are your career goals for the future? How would working at the Co-op fit in with these goals?  
\_\_\_\_\_  
\_\_\_\_\_

6. How was your attendance at your last job? How many days did you miss from work in the past year (do NOT include time off for work-related injuries or statutory leaves of absences)? Can your employer(s) verify this information? \_\_\_\_\_  
\_\_\_\_\_

7. 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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION:**

**Please read carefully, initial each paragraph and sign below:**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize Natural Harvest Food Co-op or its representative to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. I hereby release the Co-op, 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.

\_\_\_\_\_ 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 the Co-op. 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 Co-op, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Co-op's designated representative.

\_\_\_\_\_ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Co-op, I am entitled to copies of any such public records obtained by the Co-op unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

\_\_\_\_\_  
Applicant's Legal Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Your Legal Name

**Thanks for your interest in working at Natural Harvest Food Co-op!**

Please return this application by mail or hand deliver to: Natural Harvest Food Co-op, 505 3rd Street North, Virginia, MN 55792.