



**APPLICATION FOR EMPLOYMENT**

**Global Ends Policy Statement:** The East End Food Co-op, a member-owned business, exists to create, promote and sustain a healthy, strong and vibrant local community that serves the need for physical well-being, mutual respect, social connectedness and economic vitality while ensuring sustainability in the use of all resources toward this end.

Today's date: \_\_\_\_\_

**Personal Information:**

Name (last name, First)			
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
E-mail Address	Telephone Number	Time most likely to be reached __9am-12pm __12pm-3pm __3pm-6pm	

If hired, can you show evidence of your right to work in the US? Yes \_\_\_ No \_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_ If so, give date, place and nature of offense. (An affirmative answer will not automatically disqualify you from being considered for employment.) \_\_\_\_\_

Are you over 18 years of age? Yes \_\_\_ No \_\_\_

**Employment Information:**

1. Position desired \_\_\_\_\_
2. Check any area listed below in which you have skills or experience:
  - a. Cash Register \_\_\_    b. Food service \_\_\_    c. Produce \_\_\_    d. Cooperatives \_\_\_
  - e. Nutrition \_\_\_    f. Customer Service \_\_\_    g. Administration \_\_\_    h. Technology \_\_\_

For each item checked above, please state where and when you acquired these skills and experiences:

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3. Date you are available to start work: \_\_\_\_\_
4. If there are any hours you can not work, what are they? \_\_\_\_\_
5. Max number of hours a week you can work: \_\_\_\_\_
6. Minimum number of hours a week you can work: \_\_\_\_\_

7. What are your pay requirements? \_\_\_\_\_
8. Have you ever applied for work at the Co-op before? Yes \_\_\_ No \_\_\_
9. Where did you hear about this position? \_\_\_\_\_

10. Are there any other experiences or skills you feel would especially qualify you to work for the Co-op?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Education and Training:**

School Name	Location	Years completed	Did you graduate
Other training or certification			
U.S. Military or Naval Services?		Branch	Rank

**Former Employers:**

Date: Month/Year of employment	Name and phone number of past employer	Salary/Wage	Position	Reason for Leaving	Contact Name/phone #
To: From:					Name: Phone:
To: From:					Name: Phone:
To: From:					Name: Phone:
To: From:					Name: Phone:

If you are currently employed may we contact your present employer? Yes \_\_\_ No \_\_\_

Below, give the name of two personal references, not related to you, whom you have known for at least a year:

Name	Phone	Job Title	How acquainted and for how long

**Profile Information:**

1. How would working at the Co-op fit into your future, career or personal plans?

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\_\_\_\_\_

2. Are you a member of the Co-op? Yes \_\_\_ No \_\_\_

3. How are you familiar with cooperative groceries and related products?

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4. Why do you wish to work at the East End Food Co-op?

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5. Can you recall a time when you worked cooperatively with a group of people to reach a goal?  
Please describe your experience.

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6. What does it mean to provide GREAT customer service as part of your job? Give an example.

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I authorize my present and former employers (unless otherwise indicated on this application) to release to the co-op any information concerning my employment, including my job performance. Further, I release all these parties from liability for any damage, (except what resulting from misrepresentation,) which might result from furnishing this information.

The information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me from further consideration and may be considered satisfaction for dismissal if discovered at a later date.

I understand that employment with the Co-op is for no definite period of time. Both the Co-op and its employees have, at all times, the right to terminate the employment relationship.

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Your Signature

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Date