

Application for Employment

Harmony Food Co-op is a healthy, supportive workplace that values hard work, cooperation, and fun. Harmony offers competitive wages, employee discounts, training and development opportunities, and great benefits. We're excited you're considering joining our team!

Updated 9/2025

Date:		Position Applying	for:		Any Avai	lable
Last Name		First Name			Mic	 Idle Intial
() Home Phone	(Other Phone		Em	pail	
Current Address				Apt.	#	
City				State		Zip Code
-	een employed by	the Co-op before	?		☐ Yes	☐ No
	pplied at the Co-o				Yes	No
If yes, when?						
Do you have any	friends or relativ	es working at the	Co-op?		☐ Yes	☐ No
				Relation	ship	
Name Relationship					ship	
EMPLOYMEN	IT DESIRED					
☐ Full-time work	(32-40 hours per w	eek) 🗖 Part-time	work (31 and few	er hours per week	x)	
Please indicate w	hen you are avail	able to work:				
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Are you available	e for work on wee	ekends? 🗖 Yes 🗖	l No			
-		elivery days? 🗖 Y				
If hired, when co	uld you start?					
What planned va	cations or extend	led time off do yo	u need in the ne	ext 3 to 6 month	ns?	
Are you at least	18 years old? (If und	der 18, hire is subject to v	verification that you ar	e of minimum legal age	.) 🔲 Yes	□ No
-	•	k in the U.S.? (Proo	•			☐ No

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 Dates of Employment:	City Hours worked per week	State	Zip	
From Job Duties:	Го			
Reason for Leaving:	May we contact this employer for a refe	ference?	Yes	□ No
Name of Business	Supervisor Name	()_	Phone Number	
Address	City	State	Zip	
Dates of Employment: From	Hours worked per week			
Job Duties:				
Reason for Leaving:	May we contact this employer for a refe	ference?	Yes	☐ No
Name of Business	Supervisor Name	_()_	Phone Number	
Address	City	State	Zip	
Dates of Employment: From	Hours worked per week			
Job Duties:				
Reason for Leaving:	May we contact this employer for a refe	ference?	Yes	☐ No
Name of Business	Supervisor Name	_()_	Phone Number	
Address	City	State	Zip	
Dates of Employment: From	Hours worked per week			
Job Duties:				
Reason for Leaving:	May we contact this employer for a refe	ference?	Yes	☐ No

Please explain all periods of unemployment (if applicable):

APPLICANT NOTE: THIS APPLICATION FORM IS INTENDED FOR USE IN EVALUATING YOUR QUALIFICATIONS FOR EMPLOYMENT. This is not an employment contract. Harmony Co-op is an At-Will employer. This means that employment at Harmony Co-op may be terminated at any time by Harmony Co-op for any reason other than discrimination or other unlawful acts. Please answer all appropriate questions completely and accurately. All qualified applicants will receive consideration without discrimination because of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, member or activity in local commission, the presence of disabilities, sexual orientation, gender identity or expression, age or any other characteristic protected by law. Additional testing of job-related skills may be required prior to employment.

SKILLS & INTERESTS

Have you ever shopped at Harmony or any other cooperative business before? Please describe your experience.
Why would you enjoy working at the Co-op?
List skills relevant for position(s) applied for:
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?
One of the requirements of this job is the ability to frequently move product weighing up to 50 pounds. Are you able to do that with or without reasonable accommodation?
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?

Froiessional References.				
Name	() Phone Number	Email		
Name	()_ Phone Number	Email		
Name	()_ Phone Number	Email		

CERTIFICATION AND RELEASE: I certify that I have read and understand the applicant note on page two of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge. I understand that any false information of the facts called for in this application may result in rejection of my application and/or immediate involuntary termination at any time of employment upon the finding of falsifications in this application. I authorize persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from liability for any damage whatsoever for issuing the information.

Signature:	
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Duefessional Defense

Thank you for your interest in joining our team. Please email this completed application to hiring@harmonyfoods.coop or drop off this application at Harmony Co-op.

We will keep your application active for 30 days and on file for a period of 3 months.