



# Application for Employment

Updated 8/2023

<b>Date:</b>	<b>Position Applying for:</b>	<b>Any Available </b>
<hr/>		
<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
( ) _____	( ) _____	_____
<b>Home Phone</b>	<b>Other Phone</b>	<b>Email</b>
_____		_____
<b>Current Address</b>		<b>Apt. #</b>
_____		_____
<b>City</b>	<b>State</b>	<b>Zip Code</b>
_____	_____	_____
<b>Have you ever been employed by the Co-op before?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when? _____		
<b>Have you ever applied at the Co-op before?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when? _____		
<b>Do you have any friends or relatives working at the Co-op?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____		
<b>Name</b>	<b>Relationship</b>	
_____	_____	
<b>Name</b>	<b>Relationship</b>	
_____	_____	

## EMPLOYMENT DESIRED

Full-time work (30-40 hours per week)     Part-time work (32 and less hours per week)

**Please indicate when you are available to work:**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**Are you available for work on weekends?**  Yes  No

**Are you able to work on-call for delivery days?**  Yes  No

**If hired, when could you start?** \_\_\_\_\_

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

**Are you at least 18 years old?** (If under 18, hire is subject to verification that you are of minimum legal age.)  Yes  No

**Are you legally authorized to work in the U.S.?** (Proof of eligibility will be required upon employment.)  Yes  No

**Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?**  Yes  No

If yes, state the 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, 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: \_\_\_\_\_  
From To Hourly Pay: \_\_\_\_\_ Starting Ending Hours worked per week \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact this employer for a reference?  Yes  No

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\_\_\_\_\_  
Name of Business Supervisor Name (\_\_\_\_\_) Phone Number

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

Dates of Employment: \_\_\_\_\_  
From To Hourly Pay: \_\_\_\_\_ Starting Ending Hours worked per week \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact this employer for a reference?  Yes  No

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\_\_\_\_\_  
Name of Business Supervisor Name (\_\_\_\_\_) Phone Number

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

Dates of Employment: \_\_\_\_\_  
From To Hourly Pay: \_\_\_\_\_ Starting Ending Hours worked per week \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact this employer for a reference?  Yes  No

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\_\_\_\_\_  
Name of Business Supervisor Name (\_\_\_\_\_) Phone Number

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

Dates of Employment: \_\_\_\_\_  
From To Hourly Pay: \_\_\_\_\_ Starting Ending Hours worked per week \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact this employer for a reference?  Yes  No

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**Please explain all periods of unemployment (if applicable):**

**References:**

\_\_\_\_\_  
Name (\_\_\_\_\_) Phone Number

\_\_\_\_\_  
Name (\_\_\_\_\_) Phone Number

\_\_\_\_\_  
Name (\_\_\_\_\_) Phone Number

## **SKILLS & INTERESTS**

**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?**

**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?**

*Thank you for your interest in joining our team. Please email this completed application to [customerservice@harmonyfoods.coop](mailto:customerservice@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.*