



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 10/2023

Date: _____ Position Applying for: _____ Any Available _____

Last Name _____ First Name _____ Middle Initial _____

(____) _____ (____) _____ _____
Home Phone Other Phone Email

Current Address _____ Apt. # _____

City _____ State _____ Zip Code _____

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? _____

Do you have any friends or relatives working at the Co-op? Yes No

Name _____ Relationship _____

Name _____ Relationship _____

EMPLOYMENT DESIRED

Full-time work (32-40 hours per week) Part-time work (31 and fewer 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

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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 _____ Hours worked per week _____

Job Duties: _____

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

Name of Business _____ Supervisor Name _____ (____) _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Dates of Employment: _____ From _____ To _____ Hours worked per week _____

Job Duties: _____

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

Name of Business _____ Supervisor Name _____ (____) _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Dates of Employment: _____ From _____ To _____ Hours worked per week _____

Job Duties: _____

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

Name of Business _____ Supervisor Name _____ (____) _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Dates of Employment: _____ From _____ To _____ Hours worked per week _____

Job Duties: _____

Reason for Leaving: _____ May we contact this employer for a reference? 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?

Please Continue to Page 4

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: _____

Thank you for your interest in joining our team. Please email this completed application to 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.