



Application for Employment

Updated: Sept 2023

Date: _____ Position applying for: _____

Last Name _____ First Name _____ Middle Initial _____

(_____) _____
Phone _____ Email Address _____

Present Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Are you 21 years of age or older? Yes No

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 Co-op? _____

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 less hours per week) Temporary work

Please indicate when you are available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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 planned vacations or extended time off do you need in the next 3 to 6 months? _____

If hired, would you have a reliable means of transportation to and from work? Yes No

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 two 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: _____ Hourly Pay: _____ Hours worked per week _____
From _____ To _____ Starting _____ Ending _____

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: _____ Hourly Pay: _____ Hours worked per week _____
From _____ To _____ Starting _____ Ending _____

Job Duties: _____

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

Please explain all periods of unemployment (if applicable):

SKILLS & INTERESTS

List skills relevant for position(s) applied for:

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?

How was your attendance at your last job? How many days did you miss from work in the past year? Can your employer(s) verify this information?

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?

REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last three years. (School, volunteer organizations or extracurricular interests are acceptable if no other work references are available.)

1) _____ (_____) _____
 Last Name First Name Telephone Number

Occupation How acquainted and for how long?

2) _____ (_____) _____
 Last Name First Name Telephone Number

Occupation How acquainted and for how long?

3) _____ (_____) _____
 Last Name First Name Telephone Number

Occupation How acquainted and for how long?

EDUCATION

School	City, State	Dates (years) Attended	Graduated?	Degrees(s) / Diplomas Earned
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Whole Earth Market Co-op to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Whole Earth Market Co-op any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Whole Earth Market 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 Whole Earth Market 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 Whole Earth Market Co-op, and that no promises or representations contrary to the foregoing are binding on Whole Earth Market Co-op unless made in writing and signed by me and Whole Earth Market Co-op designated representative.

Applicant's Signature

Date

*Incomplete applications will not be considered.
 This application is current and active for 30 days from date that it is turned into the Co-op.*