

# Employment Application

Community Co-op Market is an equal opportunity employer and prohibits discrimination and harassment of any kind. All employment decisions at Community Co-op Market are based on business needs, job requirements and individual qualifications, without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status or any other status protected by law.

Please print and complete each section.

Date / /

## Personal Information

Name

Address		City	State	Zip
Phone Number	Mobile Number	Email Address		
Do you have a relative or partner employed by the Co-op? Yes <input type="checkbox"/> No <input type="checkbox"/> Name:		Have you previously been employed by this Co-op? If so, when? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If hired, can you provide evidence of your right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>				

## Position

Position You Are Applying For	Available Start Date	Pay Expectation
Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		

## Shift Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Why do you want to work at Community Co-op Market?

What are your expectations of your employment at Community Co-op Market?

## Education

School Name	Location	Years Completed	Degree Received	Major

## References

Name	Title	Company	Phone

## Employment History

List present or most recent employers first. We reserve the right to contact these employers.

<b>Employer (1)</b>	Job Title		Dates Employed
Work Phone	Reason for Leaving		Supervisor Name
Address	City	State	Zip
<b>Employer (2)</b>	Job Title		Dates Employed
Work Phone	Reason for Leaving		Supervisor Name
Address	City	State	Zip
<b>Employer (3)</b>	Job Title		Dates Employed
Work Phone	Reason for Leaving		Supervisor Name
Address	City	State	Zip

## Application Certification

I authorize Community Co-op Market to obtain and verify, verbally or in writing, information about my background and qualifications for employment. I release Community Co-op Market, its officers, directors, agents and employees from any and all claims arising out of obtaining and verification of this information. I also release any person providing information about my background and qualifications for employment from any and all claims that may arise as a result of disclosure.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any misrepresentation, falsification, or willful omission of facts shall be sufficient reason for refusal or termination of employment.

I understand and agree that if hired, my employment is at will, for no definite period of time and may be ended at any time.

Name (Please Print)	Signature
Date	