



**For Office Use Only**  
**Date Interviewed:**  
\_\_\_\_\_

414 Kearney  
Port Townsend, WA 98368  
(360) 385-2883 Fax: (360) 385-0654

## EMPLOYMENT APPLICATION

*The Food Co-op is an equal opportunity employer and does not unlawfully discriminate on the basis of race, sex, age, color, religion, national origin, marital status, sexual orientation, veteran status, disability status, or any other basis prohibited by federal, state or local law. Please let us know if you need accommodations in order to participate in the application process.*

**PLEASE PRINT**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Date Available for work \_\_\_\_\_

Work Phone \_\_\_\_\_ Message Phone \_\_\_\_\_

Are you applying for a specific position? \_\_\_\_\_ Position: \_\_\_\_\_

How did you learn about this position opening? \_\_\_\_\_

Pay Requirements: \_\_\_\_\_ Number of hours per week you would prefer to work: \_\_\_\_\_

If hired, can you provide evidence of your legal right to work in the U.S.? YES NO

If you are under 18 years of age, can you provide proof of age YES NO

and a work permit? If you are under 18, please state your age \_\_\_\_\_

Are you currently employed? YES NO

Have you ever been discharged from any employment or asked to resign? YES NO

(A "Yes" answer will not necessarily disqualify applicants from employment.)

If "Yes" please explain: \_\_\_\_\_

Are you related to anyone who currently works at the Food Co-op? YES NO

If "Yes", please indicate name(s) and position: \_\_\_\_\_

Have you been previously employed at the Food Co-op? YES NO

If "Yes", list dates of employment and last position held: \_\_\_\_\_

**Background check required:**

In the last 7 years, have you been convicted of a felony? YES NO

In the last 3 years, have you been convicted of a misdemeanor other than YES NO

a minor traffic offense?

("Yes" answers will not necessarily bar the applicant from employment.)

If "Yes", please explain fully

\_\_\_\_\_  
\_\_\_\_\_

# EMPLOYMENT HISTORY

List in order beginning with present or most recent employer.

**Dates:**            **Employer** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
From \_\_\_\_\_ Supervisor \_\_\_\_\_ City/State \_\_\_\_\_  
To \_\_\_\_\_ Responsibilities \_\_\_\_\_  
**Pay Rate** \_\_\_\_\_  
\$ \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
May we contact this employer?    YES    NO

**Dates:**            **Employer** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
From \_\_\_\_\_ Supervisor \_\_\_\_\_ City/State \_\_\_\_\_  
To \_\_\_\_\_ Responsibilities \_\_\_\_\_  
**Pay Rate** \_\_\_\_\_  
\$ \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
May we contact this employer?    YES    NO

**Dates:**            **Employer** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
From \_\_\_\_\_ Supervisor \_\_\_\_\_ City/State \_\_\_\_\_  
To \_\_\_\_\_ Responsibilities \_\_\_\_\_  
**Pay Rate** \_\_\_\_\_  
\$ \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
May we contact this employer?    YES    NO

**Dates:**            **Employer** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
From \_\_\_\_\_ Supervisor \_\_\_\_\_ City/State \_\_\_\_\_  
To \_\_\_\_\_ Responsibilities \_\_\_\_\_  
**Pay Rate** \_\_\_\_\_  
\$ \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
May we contact this employer?    YES    NO

List periods of unemployment of more than 30 days and explain:

\_\_\_\_\_  
\_\_\_\_\_

## WORK REFERENCES

(such as current or former supervisors/co-workers - do not list relatives.)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years known \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years known \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years known \_\_\_\_\_

# EDUCATION

School Name & Address	Graduated or GED		Degree
High School: _____	YES	NO	_____
College: _____	YES	NO	_____
College: _____	YES	NO	_____
Trade/Other: _____	YES	NO	_____

Are you able to perform the essential duties of the job for which you are applying, with or without a reasonable accommodation? YES NO  
If no, please explain \_\_\_\_\_

What skills and experience do you have in the following areas? Please state where and when you acquired skills and experience:

Cashiering \_\_\_\_\_

Grocery Cashiering \_\_\_\_\_ Scanning Systems \_\_\_\_\_

Retail Merchandising \_\_\_\_\_ Co-ops \_\_\_\_\_

Produce \_\_\_\_\_ Natural Foods \_\_\_\_\_

Grocery \_\_\_\_\_ Stocking \_\_\_\_\_

Food Service \_\_\_\_\_ Herbs/Supplements \_\_\_\_\_

Cook \_\_\_\_\_ Meat/Seafood Prep \_\_\_\_\_

Bookkeeping \_\_\_\_\_ BusinessWorks Gold \_\_\_\_\_

List computer software programs you have used and level of proficiency:

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Please describe any other knowledge, skills, abilities, education or experience which you feel would especially qualify you to work for the Food Co-op:

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How would working at the Co-op fit into your plans?

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What would you like us to know about you? \_\_\_\_\_

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(Over →)

# WORK AVAILABILITY

Please check off the day and note the times you **ARE AVAILABLE** to work at The Food Co-op. Shifts are generally between the hours of 4:00 a.m. - Midnight.

	SUN	MON	TUES	WED	THURS	FRI	SAT
<b>AM</b>							
<b>PM</b>							

Consistent attendance and punctuality are essential requirements of every job at the Co-op.

**Most positions require evening, weekend and holiday coverage.**

I certify that the information given by me to the Food Co-op is true and complete to the best of my knowledge. I understand that if I am employed, discovery that I gave false information during the application process may result in immediate termination of my employment.

I authorize the Food Co-op to solicit information regarding my character, general reputation, criminal conviction history, previous employment and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such requests for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. If employed, I release the company from any liability for future references it may provide regarding my work history with the Food Co-op.

In consideration of my employment, I understand and agree that my employment can be terminated with or without cause, and with or without notice at any time, at the option of either the Food Co-op or myself. I understand that no representative of the Food Co-op other than the General Manager has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date