



Application for Employment

Thank you for submitting your application for employment. In order to be considered for employment, an Application for Employment must be completed in its' entirety. Resumes may be submitted but an application is still required. Applications are reviewed weekly and we will contact you if you are selected for an interview. Applications should be completed by the applicant in blue or black ink. All job openings are posted on our website: www.concordfoodcoop.coop. For questions concerning your application, please contact our Human Resources Department at 227-9696.

PERSONAL INFORMATION

First name	Last name
Street address	
City, State, and ZIP code	Primary telephone <input type="checkbox"/> Home <input type="checkbox"/> Cell
How long have you lived at this address? ____ If less than one year, please provide previous address:	
Previous address:	

Are you legally authorized to work in the United States?	Yes	No
Have you worked for the Co-op before?	Yes	No
Do you have regular, reliable transportation to work?	Yes	No
Are you 18 years of age or older? If not, provide birth date.	Birth date (if under 18 years):	
Do you have any relatives currently employed at the Co-op?	Yes	No
Have you ever been convicted of a felony or a misdemeanor involving dishonesty that has not been annulled or expunged from your record? If yes, provide the date, location, nature and facts surrounding each conviction on separate paper.	Yes	No

PLACEMENT INFORMATION

Are you seeking full-time or part-time employment?	Are you applying for a specific position you saw advertised? If yes please indicate what position(s): If you are not applying for a specific position, or wish to be considered for other openings, number the department(s) you are interested in applying for in order of preference (#1 is most desirable, #6 is least desirable). Leave blank departments you do not wish to be considered for.
Number of hours you are able to work per week:	
Are you seeking regular, year-round or seasonal employment?	
What date are you available to begin work?	
What location are you seeking employment at? <input type="checkbox"/> Concord <input type="checkbox"/> Kearsarge <input type="checkbox"/> Both	
What hours are you available to work each day of the week:	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

- | | |
|--|--------------------------------------|
| | Checkout: Cashier, Parking attendant |
| | Grocery: Buyer, Receiver, Clerk |
| | Produce Department: Clerk |
| | Café: Prep cook, Dishwasher |
| | Bakery: Pastry Chef, Baker |
| | Seafood: Clerk |
| | Health & Beauty: Buyer, Clerk |
| | Finance: Bookkeeper, A/P Clerk |
| | Marketing/Outreach |

EMPLOYMENT HISTORY

Your work experience is an important factor in evaluating your qualifications.

Please provide complete and accurate information on your previous employment. List your most recent employer first.

Name of employer	Dates of employment	
Street address		
City	State	ZIP Code
Telephone	Supervisor's name	
Starting wage	Ending wage	
Your job title and duties		
Reason for leaving		
May we contact this employer?		

Name of employer	Dates of employment	
Street address		
City	State	ZIP Code
Telephone	Supervisor's name	
Starting wage	Ending wage	
Your job title and duties		
Reason for leaving		
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Name of employer	Dates of employment	
Street address		
City	State	ZIP Code
Telephone	Supervisor's name	
Starting wage	Ending wage	
Your job title and duties		
Reason for leaving		
May we contact this employer?		

REFERENCES

Please provide contact information for three individuals who can speak to your ability to perform the duties of the position you are applying for. Do not include friends or family members.

Name		
Street address		
City	State	ZIP code
Telephone	Relationship	Years known

Name		
Street address		
City	State	ZIP code
Telephone	Relationship	Years known

Name		
Street address		
City	State	ZIP code
Telephone	Relationship	Years known

EDUCATION

Name of High School		
Street address		
City	State	ZIP code
Did you graduate? <input type="checkbox"/> Current Student <input type="checkbox"/> Yes <input type="checkbox"/> GED <input type="checkbox"/> No		

Name of College or University		
Street address		
City	State	ZIP code
Did you graduate? <input type="checkbox"/> Current Student <input type="checkbox"/> Yes <input type="checkbox"/> GED <input type="checkbox"/> No		

List any additional education, training or certifications:
