



SKAGIT VALLEY FOOD CO-OP EMPLOYMENT APPLICATION

Date: _____

NOTE: Incomplete applications will NOT be considered. Please complete all sections.

YOUR PERSONAL INFORMATION

Name: _____

Last

First

Middle

Current Address: _____

Street

City

State

Zip Code

Phone Number: (____) _____ E-mail Address: _____

Are you 18 years or older? Yes No

Are you legally authorized to work in the United States? Yes No

Will you be able to perform the essential functions of the job, with or without reasonable accommodation?

Yes No

EMPLOYMENT DESIRED

WHERE DO YOU WANT TO WORK: The Co-op C-Square Third Street Café Any Location

WHAT POSITIONS ARE YOU INTERESTED IN:

<input type="checkbox"/> Accounting	<input type="checkbox"/> Chef	<input type="checkbox"/> Garden	<input type="checkbox"/> Marketing	<input type="checkbox"/> Receiving
<input type="checkbox"/> Baker	<input type="checkbox"/> Clerical	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Meat	<input type="checkbox"/> Sous Chef
<input type="checkbox"/> Barista	<input type="checkbox"/> Coffee Roaster	<input type="checkbox"/> Grocery Stocker	<input type="checkbox"/> Mercantile	<input type="checkbox"/> Supervisor
<input type="checkbox"/> Bartender	<input type="checkbox"/> Cook	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Merchandising	<input type="checkbox"/> Wait Staff
<input type="checkbox"/> Beer	<input type="checkbox"/> Deli Server	<input type="checkbox"/> IT	<input type="checkbox"/> Night Stocker (9p-5a)	<input type="checkbox"/> Wellness
<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Janitor (10p-6a)	<input type="checkbox"/> Payroll	<input type="checkbox"/> Wine
<input type="checkbox"/> Cashier	<input type="checkbox"/> Finance	<input type="checkbox"/> Maintenance	<input type="checkbox"/> POS	<input type="checkbox"/> Other:
<input type="checkbox"/> Cheese	<input type="checkbox"/> Food Prep	<input type="checkbox"/> Manager	<input type="checkbox"/> Produce Stocker	

HOURS YOU ARE AVAILABLE TO WORK

Check all that apply

TIMES AVAILABLE	SUN	MON	TUES	WED	THUR	FRI	SAT
OPEN AVAILABILITY: 6AM – 10PM							
7AM – 9PM							
8AM – 8PM							
8AM – 5PM							
1PM – 10PM							
NIGHTS: 9PM – 5AM							
NIGHTS: 10PM – 6AM							
OTHER (Please be specific)							

Holidays: We are closed New Year's Day, Thanksgiving, and Christmas. We are open all other major holidays. Are you available to work holidays? Yes No

Upcoming planned time off from work: The Co-op does not grant time off during the first 3 months of employment unless the hiring manager and the applicant have agreed to time off before the date of hire. Please provide us with any pre-planned absences you have scheduled for the next 6 months:

From: _____ To: _____ Total number of days: _____

EDUCATION			
	High School	Technical College	College/University
Name of School & Location			
Name used while attending (if different)			
Did you Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY	
Please start with your most recent position. Include any gaps in employment history.	
NAME & ADDRESS OF EMPLOYER:	POSITION:
	NAME & TITLE OF SUPERVISOR:
PHONE NUMBER: ()	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
DATES EMPLOYED: FROM _____ TO _____	
REASON FOR LEAVING:	
Is the name you had then different from now? If so, what was it? _____	

NAME & ADDRESS OF EMPLOYER:	POSITION:
	NAME & TITLE OF SUPERVISOR:
PHONE NUMBER: ()	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
DATES EMPLOYED: FROM _____ TO _____	
REASON FOR LEAVING:	
Is the name you had then different from now? If so, what was it? _____	

NAME & ADDRESS OF EMPLOYER:	POSITION:
	NAME & TITLE OF SUPERVISOR:
PHONE NUMBER: ()	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
DATES EMPLOYED: FROM _____ TO _____	
REASON FOR LEAVING:	
Is the name you had then different from now? If so, what was it? _____	

RELATIONSHIP WITH THE CO-OP

Have you ever worked for the Skagit Valley Food Co-op before? Yes No

Name (if different):

Position: _____ Dates: From _____ To _____

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

Name: _____ Relationship: _____

Name: _____ Relationship: _____

UNDERSTANDINGS

Please read the following carefully. Initial each section and sign the application.

- I certify the information given by me is true in all respects. _____
- I understand that an offer of employment is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States. _____
- I understand that the information contained in this employment application or my being invited to participate in any stage of the hiring process is NOT intended to create an employment contract between the Co-op and myself. _____
- I understand that all Co-op property must be returned and any indebtedness to the Co-op must be paid on or before my last day of work. I authorize the Co-op to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation. _____

By signing below, I acknowledge that I have read, understand, and agree with the above statements. I understand that the misrepresentation or omission of facts on this application, on my resume or during any stage of the hiring process will eliminate me from further consideration or if discovered after hire may result in the termination of my employment.

Applicant Signature

Date

This application is current and active for 3 months from date received by the Co-op

AUTHORIZATION

I _____ authorize the Co-op and its representatives to contact my prior employers, former supervisors and company personnel, schools and all others for the purpose of verifying the information I have supplied during the selection process and for obtaining job-related information regarding my knowledge, skills, abilities, performance of duties and compliance with policies. I authorize my prior employers to provide the Co-op any job-related information, personal or otherwise, they may have regarding me and I release the Co-op and them from any liability resulting from the release of this information. I further authorize all employers, schools and other persons to provide any information or transcripts that may be requested by the Co-op, which will be used to determine if I am qualified to perform the job duties for which I am applying.

Signature

Date

Print Name

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THIS SECTION FOR HIRING MANAGER ONLY:

- Interviewed by _____
- Not Interviewed
- Should be considered for the next open position

This applicant:

- Was reviewed, not interviewed
- Cannot work retail hours
- Has limited availability
- Under the age of 18
- Other job related reason: _____

THIS SECTION FOR HUMAN RESOURCES ONLY:

Date recorded in applicant log: _____

Date applicant notified: _____