

# APPLICATION *for* EMPLOYMENT



Thank you for your interest in working at the Co-op! PFC provides great service, great food and goods, promotes sustainable practices and follows co-op principles. If you're interested in being a part of this exciting concept, pick up a pen and tell us about yourself! When you're done with the application, hand it to the nearest PFC employee.

**TODAY'S DATE:** \_\_\_\_\_

**PLEASE CIRCLE THE DEPARTMENT YOU ARE INTERESTED IN:**

CASHIER

GROCERY

PRODUCE

CAFÉ

KITCHEN

BAKERY

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**WHEN CAN YOU START?** \_\_\_\_\_

**WHAT IS THE PRIMARY POSITION YOU ARE APPLYING FOR?** Management positions require a criminal background check.

**ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?** YES NO

**ARE YOU AT LEAST 18 YEARS OF AGE?** YES NO **IF NOT, HAVE YOU INCLUDED A WORK PERMIT?** YES NO

**IF HIRED, WHAT IS THE MINIMUM TIME COMMITMENT YOU CAN MAKE?**  1 YEAR  OTHER (please explain)

**LIST OTHER COMMITMENTS YOU HAVE (SUCH AS SCHOOL OR ANOTHER JOB), AND YOUR FUTURE PLANS – LONG AND SHORT TERM.**

**WHAT ARE THE MINIMUM AND MAXIMUM HOURS PER WEEK THAT YOU WANT TO WORK?** \_\_\_\_\_ MINIMUM TO \_\_\_\_\_ MAXIMUM

**PLEASE WRITE IN THE TIMES THAT YOU WOULD BE AVAILABLE TO WORK.** Shifts vary by department. Day shifts are between 5am and 11pm. Bakery night shift is 11pm to 5:30am.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM							
UNTIL							

**WILL YOUR SCHEDULING AVAILABILITY CHANGE IN THE NEXT 6 MONTHS?** YES NO If yes, please describe:



**PEOPLE'S  
FOOD CO-OP**  
COMMUNITY-OWNED NATURAL FOODS GROCERY

HOW DID YOU HEAR ABOUT THE POSITION?    STORE SIGN    PFC WEBSITE    INTERNET AD    FRIEND   \_\_\_\_\_ OTHER

HAVE YOU EVER WORKED AT A CO-OP BEFORE?   YES   NO

IF YES, WHEN AND IN WHAT POSITION?

WHY DO YOU WANT TO WORK AT THE PEOPLES FOOD CO-OP? (AS OPPOSED TO ANY OTHER BUSINESS)

WHAT SPECIFIC EXPERIENCE DO YOU HAVE RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING?

EXCELLENT CUSTOMER SERVICE IS OUR TOP PRIORITY. WHAT, IN YOUR OPINION, ARE THREE IMPORTANT ELEMENTS OF CUSTOMER SERVICE?

WHAT PERSONAL QUALITIES OR SKILLS WOULD MAKE YOU AN EXCELLENT TEAM MEMBER AT PEOPLES FOOD CO-OP?

WHAT WOULD YOUR PAST EMPLOYERS SAY ABOUT YOUR WORK PERFORMANCE? WOULD THEY RE-HIRE YOU?

**EDUCATIONAL INFORMATION**

SCHOOL	NAME AND ADDRESS	YEARS ATTENDED	DEGREE/MAJOR	COMPLETED?
HIGH SCHOOL				YES   NO
COLLEGE				YES   NO
GRAD SCHOOL				YES   NO
OTHER				YES   NO



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**EMPLOYMENT HISTORY** Please list current or most recent employer first and fill out as much as you can.

<b>1</b>			
COMPANY NAME	CITY AND STATE		PHONE NUMBER
JOB TITLE AND DUTIES	DATES EMPLOYED	HOURS PER WEEK	HOURLY WAGE/SALARY
	FROM:		START:
	TO:		LAST:
NAME OF SUPERVISOR			MAY WE CONTACT YOUR REFERENCE? YES NO
REASON FOR LEAVING			

<b>2</b>			
COMPANY NAME	CITY AND STATE		PHONE NUMBER
JOB TITLE AND DUTIES	DATES EMPLOYED	HOURS PER WEEK	HOURLY WAGE/SALARY
	FROM:		START:
	TO:		LAST:
NAME OF SUPERVISOR			MAY WE CONTACT YOUR REFERENCE? YES NO
REASON FOR LEAVING			

<b>3</b>			
COMPANY NAME	CITY AND STATE		PHONE NUMBER
JOB TITLE AND DUTIES	DATES EMPLOYED	HOURS PER WEEK	HOURLY WAGE/SALARY
	FROM:		START:
	TO:		LAST:
NAME OF SUPERVISOR			MAY WE CONTACT YOUR REFERENCE? YES NO
REASON FOR LEAVING			

<b>4</b>			
COMPANY NAME	CITY AND STATE		PHONE NUMBER
JOB TITLE AND DUTIES	DATES EMPLOYED	HOURS PER WEEK	HOURLY WAGE/SALARY
	FROM:		START:
	TO:		LAST:
NAME OF SUPERVISOR			MAY WE CONTACT YOUR REFERENCE? YES NO
REASON FOR LEAVING			



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**MANY OF THE JOBS AT PFC CAN BE VERY PHYSICALLY CHALLENGING, INCLUDING LIFTING AND CARRYING 50 LB. BAGS AND BOXES OF PRODUCT. THIS PHYSICAL WORK IS AN ESSENTIAL FUNCTION OF MANY JOBS. CAN YOU, WITH OR WITHOUT REASONABLE ACCOMMODATION, PERFORM THE ESSENTIAL FUNCTION OF THE JOB YOU ARE APPLYING FOR?**

YES, I COULD PERFORM THESE TASKS     NO, I WOULD NOT BE ABLE TO PERFORM THESE TASKS If No, please explain:

**IS THERE ONE FINAL THOUGHT THAT YOU'D LIKE US TO CONSIDER?**

I certify that all information provided in this application (and accompanying resume, if any) is true to the best of my knowledge. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize persons, schools, my current employer and previous employers and organizations named in this application (unless otherwise indicated on this application) to provide any relevant information that may be required to arrive at an employment decision. Further, I release all these parties from liability for any damage (except that resulting from misrepresentation) which may result from furnishing this information.

Applicant signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

*People's Food Co-op does not discriminate in membership, employment, compensation, sales, or other of its operations or activities, with regard to disability, religion, race, color, national origin, sex, sexual orientation, gender identity, age, height, weight, political beliefs, personal affiliation, or marital status.*

*thanks for applying!*

**WE'LL REVIEW YOUR APPLICATION AND MAY CONTACT YOU FOR AN INTERVIEW. THIS APPLICATION WILL BE ACTIVE FOR 30 DAYS FROM THE DATE ON PAGE 1.**