



natural foods market & deli

516 South Water Street Northfield, MN 55057 507-650-0106 www.justfood.coop

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS:

- 1. Please read Applicant Note below
- 2. Print clearly; incomplete or illegible applications will not be processed.
- 3. If you need help filling out this application, please contact the Operations Manager and every attempt will be made to accommodate your needs in a reasonable amount of time.

TODAYS DATE _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

HOME PHONE (____) _____ ALTERNATE PHONE (____) _____

APPLICANT NOTE: THIS APPLICATION FORM IS INTENDED FOR USE IN EVALUATING YOUR QUALIFICATIONS FOR EMPLOYMENT. This is not an employment contract. Please answer all appropriate questions completely and accurately. All qualified applicants will receive consideration without discrimination because of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, member or activity in local commission, the presence of disabilities, sexual orientation, or age, or any other characteristic protected by law. Additional testing of job related skills may be required prior to employment. This application applies only to the position specified. **It is considered inactive after 60 days.** If after that you wish to be considered for employment within this company another application must be completed.

AVAILABILITY

What jobs interest you at the co-op? (please circle) Cashier Produce Grocery
 Wellness Dept Deli Other

What date can you start? _____ What category do you prefer? Part-Time Full -Time

How many hours per week are you interested in working? _____

If this job works out for you, how long a commitment can you make to Just Food? _____

How did you hear about the position you are applying for? _____

WORK EXPERIENCE:

Your application may not be considered unless *every* question is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical.

CompanyName_____
City _____ State _____ Phone Number ()_____
Dates Employed begin _____ end _____ Job title_____
Duties & Responsibilities_____
Supervisor name _____ salary _____ per _____
Reason for leaving_____
May we contact them? Yes No

CompanyName_____
City _____ State _____ Phone Number ()_____
Dates Employed begin _____ end _____ Job title_____
Duties & Responsibilities_____
Supervisor name _____ salary _____ per _____
Reason for leaving_____
May we contact them? Yes No

CompanyName_____
City _____ State _____ Phone Number ()_____
Dates Employed begin _____ end _____ Job title_____
Duties & Responsibilities_____
Supervisor name _____ salary _____ per _____
Reason for leaving_____
May we contact them? Yes No

QUESTIONS:

1. Why are you interested in working at Just Food?

2. Are there experiences or skills which you feel would qualify you for the position for which you are applying?

3. What does exceptional customer service mean to you? Can you give us an example?

4. Are you bilingual? If so, what languages do you speak?

5. Yes No Are you able to perform the essential functions of the job with or without reasonable accommodation?

6. Yes No If you are hired, can you provide proof that you are eligible to work in the United States?

7. Yes No Have you been convicted of a felony and/or served time in the last seven years? If yes, list date, city, charge and disposition. (in accordance with the company policy this information will be reviewed for job relatedness and time since last conviction.)

8. Yes No If you are under the age of 18 can you provide required proof of your eligibility to work?

EDUCATIONAL BACKGROUND:

School or Program	Location	years attended	Did you graduate?	Degrees, licenses

CERTIFICATION AND RELEASE I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge. I understand that any false information of the facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from liability for any damage whatsoever for issuing the information.

Print Full Name _____

Signature _____ DATE _____