

Application for Employment



Date: _____

Name: _____
(Last) (First) (Middle)

Are you known by any other name which we will need to check your record? Yes ____ No ____

If so, please provide: _____

Address: (Where we can rely on reaching you)

(Street) (City) (State) (Zip)

Temporary Address (if applicable)

(Street) (City) (State) (Zip)

Home Phone Number: _____ Work Phone: _____

or Phone where a message can be left: _____

E-mail address: At home: _____ At Work: _____

Are you at least 18 years old? Yes No

Note: If under 18 years old, hire is subject to your parent's or guardian's written permission, and if under 16 years old, a Youth Employment Certificate.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to work in this country? Yes No

Have you been convicted of a criminal felony or misdemeanor in the last five (5) years, which has not been annulled? Yes No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case: _____

(Note: Previous convictions do not exclude an applicant from consideration from employment. Factors such as age, time of the offense, seriousness, nature of the violation and rehabilitation will be taken into consideration.)

Have you ever worked for the Co-op before? If yes, when? _____

How were you referred to the Co-op? (Newspaper, radio, friend, etc.) _____

List Co-op employees that you know (including relatives) _____

I am available: Full Time Part Time Temporary Summer

The Co-op is open 7 days a week, 8-8. Days of the week you will NOT be available (please circle) M T W T F S S

When can you start work? _____

Do you have any schedule limitations? If yes, please specify:

Minimum Wage or Salary required:

EMPLOYMENT DESIRED: Are you applying for a specific job opening? If yes, please specify:

Would you be interested in other positions at the Co-op? If yes, please specify:

EDUCATION:	Name of School	Years Attended	Did you graduate?	Subjects Studied
High School				
GED				
College				
Graduate School				

EDUCATION: If you **did not graduate**, why and when did you leave school?

Future plans for continuing education and training, if any:

GENERAL: Subjects of Special Study/Scholastic Honors/Additional Training related to the position you are seeking:

Special Skills (for example: Computer—list software you are familiar with; or words per minute for typing):

Activities you enjoy:

EMPLOYMENT HISTORY: List all employment including military and volunteer service starting with the most recent position held. Show employment history for at least ten (10) years or from the time you left school. Explain gaps in employment history. You may attach a resume, but you must complete this section.

Employer: _____ Supervisor: _____
Address: _____ Phone No.: _____
Dates Employed from: _____ to _____ May we contact them? Yes No
Pay Rate Starting _____ Finishing _____ Reason for making change: _____
Your responsibilities: _____ Job Title: _____

Employer: _____ Supervisor: _____
Address: _____ Phone No.: _____
Dates Employed from: _____ to _____ May we contact them? Yes No
Pay Rate Starting _____ Finishing _____ Reason for making change: _____
Your responsibilities: _____ Job Title: _____

Employer: _____ Supervisor: _____
Address: _____ Phone No.: _____
Dates Employed from: _____ to _____ May we contact them? Yes No
Pay Rate Starting _____ Finishing _____ Reason for making change: _____
Your responsibilities: _____ Job Title: _____

Employer: _____ Supervisor: _____
Address: _____ Phone No.: _____
Dates Employed from: _____ to _____ May we contact them? Yes No
Pay Rate Starting _____ Finishing _____ Reason for making change: _____
Your responsibilities: _____ Job Title: _____

EMPLOYMENT: Which of these positions did you like best?

What did you like most about this position?

MILITARY SERVICE: Branch of Service, kinds of training, and duty while in the service:

From: _____ to: _____ Rank: _____

Present military affiliation: None Reserve (active) Reserve (inactive)

REFERENCES:

Give the names of three people not related to you whom you have known at least year, particularly those who could speak to your work experience.

Name _____ Title/Relationship _____

Address _____ Phone (work or home) _____

Name of Business (if applicable) _____ Years Acquainted _____

Name _____ Title/Relationship _____

Address _____ Phone (work or home) _____

Name of Business (if applicable) _____ Years Acquainted _____

Name _____ Title/Relationship _____

Address _____ Phone (work or home) _____

Name of Business (if applicable) _____ Years Acquainted _____

The Littleton Co-op is committed to extending opportunity to everyone in our community and maintains a policy of nondiscrimination with employees and applicants for employment. We do not discriminate based on race, color, religion, creed, gender, sexual orientation, marital status, age, national origin, ancestry, place of birth, physical or mental disability, or any other basis prohibited by statute.

Please Read Carefully, Initial Each Paragraph and Sign Below:

_____ I certify that all the information submitted by me on this application is true and complete to the best of my knowledge, and I understand that if I am employed, false statements on this application can be grounds for termination of my employment. I understand that this application, if I am employed by the Co-op, will become part of my personnel file.

_____ In connection with this application, I authorize my former employers and schools to release information they may have about me. I release all parties supplying such information and the Co-op from any liability arising out of the release of any such information.

_____ I understand that if I am offered a position at the Co-op, my employment is "at will," which means that either the Co-op or I may terminate the employment relationship at any time, with or without notice or cause. I also understand and agree that the terms and conditions of my employment may be changed with or without case, and with or without notice, at any time by the Co-op.

I understand that no Co-op representative, other than its General Manager, and then only in writing and signed by the General Manager, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Your Signature: _____ Date _____

Your employment application is considered active for one month. If you wish your application to remain active longer, please let us know.