

EDUCATION

School Name & City	Graduated or GED	Degree
High School: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
College(s): _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Trade/Other: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____

SKILLS and EXPERIENCE

***Beginner:** I have a basic awareness of skill, have had a little bit of experience with this and I'm ready to learn!

***Intermediate:** I am well versed in this skill, able to do the task most of the time without help.

***Advanced:** I have this skill down pat. I can work on my own, without any further training.

Skills Please check if you have work, volunteer or class experience in:	Work Experience Full-time equivalent:	Level of Expertise See descriptions*	Briefly describe where you learned/practiced your skills.
<input type="checkbox"/> Cashiering	<input type="checkbox"/> Less than 6 mo. <input type="checkbox"/> 6 mo-2yrs <input type="checkbox"/> More than 2 yrs.	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
<input type="checkbox"/> Customer Service	<input type="checkbox"/> Less than 6 mo. <input type="checkbox"/> 6 mo-2yrs <input type="checkbox"/> More than 2 yrs.	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
<input type="checkbox"/> Co-ops	<input type="checkbox"/> Less than 6 mo. <input type="checkbox"/> 6 mo-2yrs <input type="checkbox"/> More than 2 yrs.	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
<input type="checkbox"/> Kitchen: Prep Cook/Cook	<input type="checkbox"/> Less than 6 mo. <input type="checkbox"/> 6 mo-2yrs <input type="checkbox"/> More than 2 yrs.	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
<input type="checkbox"/> Kitchen: Dish/cleaning	<input type="checkbox"/> Less than 6 mo. <input type="checkbox"/> 6 mo-2yrs <input type="checkbox"/> More than 2 yrs.	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
<input type="checkbox"/> Kitchen: Deli/Food Service	<input type="checkbox"/> Less than 6 mo. <input type="checkbox"/> 6 mo-2yrs <input type="checkbox"/> More than 2 yrs.	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
<input type="checkbox"/> Grocery/Retail: Stocking	<input type="checkbox"/> Less than 6 mo. <input type="checkbox"/> 6 mo-2yrs <input type="checkbox"/> More than 2 yrs.	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
<input type="checkbox"/> Grocery/Retail: Receiving	<input type="checkbox"/> Less than 6 mo. <input type="checkbox"/> 6 mo-2yrs <input type="checkbox"/> More than 2 yrs.	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
<input type="checkbox"/> Produce: Stocking/receiving	<input type="checkbox"/> Less than 6 mo. <input type="checkbox"/> 6 mo-2yrs <input type="checkbox"/> More than 2 yrs.	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
<input type="checkbox"/> Produce: Farms/other	<input type="checkbox"/> Less than 6 mo. <input type="checkbox"/> 6 mo-2yrs <input type="checkbox"/> More than 2 yrs.	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
<input type="checkbox"/> Retail: Merchandising	<input type="checkbox"/> Less than 6 mo. <input type="checkbox"/> 6 mo-2yrs <input type="checkbox"/> More than 2 yrs.	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
<input type="checkbox"/> Herbs & Supplements	<input type="checkbox"/> Less than 6 mo. <input type="checkbox"/> 6 mo-2yrs <input type="checkbox"/> More than 2 yrs.	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
<input type="checkbox"/> Management or Supervisory	<input type="checkbox"/> Less than 6 mo. <input type="checkbox"/> 6 mo-2yrs <input type="checkbox"/> More than 2 yrs.	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	

<input type="checkbox"/> Computers: Microsoft Office Suite	<input type="checkbox"/> Less than 6 mo. <input type="checkbox"/> 6 mo-2yrs <input type="checkbox"/> More than 2 yrs.	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
<input type="checkbox"/> Administrative or Bookkeeping	<input type="checkbox"/> Less than 6 mo. <input type="checkbox"/> 6 mo-2yrs <input type="checkbox"/> More than 2 yrs.	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
<input type="checkbox"/> Info Technology	<input type="checkbox"/> Less than 6 mo. <input type="checkbox"/> 6 mo-2yrs <input type="checkbox"/> More than 2 yrs.	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	

EMPLOYMENT HISTORY

List all employment in last 7 years, beginning with present or most recent employer and any other relevant work history use additional sheets if necessary.

If previously employed at The Food Co-op, list dates of employment and last position held:

Position(s): _____ Date(s): _____

Dates:	Employer _____	Phone (____) _____
From _____	Supervisor _____	City/State _____
To _____	Position Title/Responsibilities _____	
Reason for leaving: _____		
Current? <input type="checkbox"/> YES <i>If current, may we contact this employer?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		

Dates:	Employer _____	Phone (____) _____
From _____	Supervisor _____	City/State _____
To _____	Position Title/Responsibilities _____	
Reason for leaving: _____		
Current? <input type="checkbox"/> YES <i>If current, may we contact this employer?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		

Dates:	Employer _____	Phone (____) _____
From _____	Supervisor _____	City/State _____
To _____	Position Title/Responsibilities _____	
Reason for leaving: _____		
Current? <input type="checkbox"/> YES <i>If current, may we contact this employer?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		

Dates:	Employer _____	Phone (____) _____
From _____	Supervisor _____	City/State _____
To _____	Position Title/Responsibilities _____	
Reason for leaving: _____		
Current? <input type="checkbox"/> YES <i>If current, may we contact this employer?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		

Please describe any other knowledge, skills, abilities, education or experience which you feel would especially qualify you to work for the Food Co-op: _____

How would working at the Co-op fit into your plans? _____

WORK REFERENCES (current or former supervisors/co-workers – do not list relatives)

Name _____ Phone (____) _____ Email _____
Relationship to you: _____ Years known _____

Name _____ Phone (____) _____ Email _____
Relationship to you: _____ Years known _____

Name _____ Phone (____) _____ Email _____
Relationship to you: _____ Years known _____

AFFIRMATIONS

If hired, can you provide evidence of your legal right to work in the U.S.? YES NO

If you are under 18 years old, can you provide proof of age and a work permit? YES NO

If you are under 18, please state your age: _____

Are you related to or in a dating relationship with employee(s) currently working at the Co-op? Name(s): _____ YES NO

Are you able to perform the essential duties of the job for which you are applying, with or without a reasonable accommodation (see job descriptions)? YES NO

If no, please explain: _____

I certify that the information provided here by me to the Food Co-op is true and complete to the best of my knowledge. I understand that if I am employed, discovery that I gave false information during the application process may result in immediate termination of my employment.

Reference checks and background check required: I authorize the Food Co-op to solicit information regarding my character, general reputation, criminal conviction history, previous employment and similar background information, and to contact any and all references and previous employers I have given on my application.

I understand that my employment can be terminated with or without cause, and with or without notice at any time, by either The Food Co-op or myself and this application is not a contract of employment.

Unsigned/incomplete applications will not be considered.

Signature (REQUIRED)

Date

Completed applications and other application materials may be dropped at the store (Member Services Desk), faxed, mailed or emailed to:

Fax: (360) 379-5762

Email: hr@foodcoop.coop

Mail: The Food Co-op, Attn: HR
414 Kearney Street
Port Townsend, WA 98368