

# WHOLE FOODS CO-OP

Employment Application



APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		Zip Code	
Phone		Social Security No.			
Position Applied for				Date Available	
Are you currently employed?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Are you a U.S. citizen?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	
				NO <input type="checkbox"/>	
If you are under 18 years of age, can you provide required proof of eligibility to work?				YES <input type="checkbox"/>	
				NO <input type="checkbox"/>	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
		If yes, explain			
Are you physically or otherwise unable to perform the duties of the job for which you are applying?				YES <input type="checkbox"/>	
				NO <input type="checkbox"/>	
EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
REFERENCES					
<i>Please list three references that are not related to you or a previous employer.</i>					
Full Name			Relationship		
Occupation			Phone (     )		
Address					
Full Name			Relationship		
Occupation			Phone (     )		
Address					
Full Name			Relationship		
Occupation			Phone (     )		
Address					

**PREVIOUS EMPLOYMENT**

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Wage \$	Ending Wage \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Wage \$	Ending Wage \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Wage \$	Ending Wage \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**SPECIAL SKILLS AND QUALIFICATIONS**  
*Please place a check mark next to the skills that you possess.*

<input type="checkbox"/> trigonometry	<input type="checkbox"/> typing	<input type="checkbox"/> stockroom	<input type="checkbox"/> product display
<input type="checkbox"/> algebra	<input type="checkbox"/> billing	<input type="checkbox"/> shipping/receiving	<input type="checkbox"/> article writing
<input type="checkbox"/> plane geometry	<input type="checkbox"/> accounts payable	<input type="checkbox"/> carpentry	<input type="checkbox"/> newsletter publishing
<input type="checkbox"/> shop math	<input type="checkbox"/> accounts receivable	<input type="checkbox"/> electrical	<input type="checkbox"/> sign-making
<input type="checkbox"/> accounting	<input type="checkbox"/> payroll	<input type="checkbox"/> plumbing	<input type="checkbox"/> commercial art
<input type="checkbox"/> bookkeeping	<input type="checkbox"/> scale	<input type="checkbox"/> electronic	<input type="checkbox"/> multiple languages
<input type="checkbox"/> computer programming	<input type="checkbox"/> cash register	<input type="checkbox"/> building repair	<input type="checkbox"/> marketing
<input type="checkbox"/> data entry	<input type="checkbox"/> switchboard	<input type="checkbox"/> equipment repair	<input type="checkbox"/> advertising
<input type="checkbox"/> word processor	<input type="checkbox"/> spread sheet	<input type="checkbox"/> first aid / CPR	<input type="checkbox"/> sales

**AVAILABILITY**

On what date would you be available for work?

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Maximum number of hours per week you would work? Minimum hours?

Are there any hours you could not work?

Do you expect to be absent any time in the next six months?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours Available							

**DISCLAIMER AND SIGNATURE**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature \_\_\_\_\_ Date \_\_\_\_\_