

APPLICATION FOR EMPLOYMENT

Name _____ Date _____

Address _____

Phone number _____ E-mail address _____

For which position(s) are you applying? _____

Please check days you are available to work: M T W Th F SA SU

Are you willing to work at least three evenings per week until 10pm? Yes No

Date you can begin work: _____

How many hours per week would you prefer to work? _____

Are you willing to work eight hours on either Saturday or Sunday? Yes No

Can you work both Saturday and Sunday? Yes No

If hired, can we expect you to work here consistently for at least one year? Yes No

If no, how long? _____ Are you 18 years old or older? Yes No

Are you legally able to work in the U.S.? Yes No

PREVIOUS EMPLOYMENT
(Please list your most recent employment first.)

Name & Location: _____
Dates employed: _____
Position: _____ Salary: _____
Reason for Leaving: _____
Duties/Skills relevant to BFC: _____

Supervisor's Name: _____ Phone: _____

Name & Location: _____
Dates employed: _____
Position: _____ Salary: _____
Reason for Leaving: _____
Duties/Skills relevant to BFC: _____

Supervisor's Name: _____ Phone: _____

Name & Location: _____
Dates employed: _____
Position: _____ Salary: _____
Reason for Leaving: _____
Duties/Skills relevant to BFC: _____

Supervisor's Name: _____ Phone: _____

*May we contact your current and/or past supervisor(s)? _____

*Please list any special skills or qualifications, relevant jobs dating before the jobs above, major gaps in employment history, or any previous association with the Brattleboro Food Co-op:

*Why are you interested in this position?

*References:

Please provide names, addresses, and phone numbers of three references, not related to you, whom you have known for at least one year, who can speak to your skills, your work experience, or anything that you think would be relevant to your successful employment with the Co-op:

1. _____
2. _____
3. _____

AGREEMENT: I certify that the information of on this application is true, complete and correct. I hereby authorize the investigation of my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

Signature: _____ Date: _____