

# Employment Application

The Food Shed Co-op is dedicated to the principles of equal employment opportunity in any term, condition, or privilege of employment. We do not discriminate against applicants or associates based on age, race, sex, color, religion, sexual orientation, national origin, disability, or any other status protected by state or local law. This prohibition includes unlawful harassment based on any of these protected classes. Unlawful harassment includes verbal or physical conduct that substantially interferes with an individual's work performance or creates an intimidating, hostile, or offensive work environment. This policy applies to all associates, including managers, supervisors, co-workers, and non-associates such as customers, clients, vendors, consultants, etc. The company will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship to the company. This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training. The company prohibits retaliation against any associate for filing a complaint under this policy or assisting in a complaint investigation.

Please print and complete each section.

Date / /

## Personal Information

Name

Address		City	State	Zip
Phone Number	Mobile Number	Email Address		
Do you have a relative or partner employed by the Co-op? Yes <input type="checkbox"/> No <input type="checkbox"/> Name:		Have you previously been employed by this Co-op? If so, when? Yes <input type="checkbox"/> No <input type="checkbox"/>		

If hired, can you provide evidence of your right to work in the United States?

Yes  No

## Position

Position You Are Applying For	Available Start Date	Pay Expectation
Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		

## Shift Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

## Education

School Name	Location	Years Completed	Degree Received	Major

## References

Name	Title	Company	Phone

## Employment History

List present or most recent employers first. We reserve the right to contact these employers.

<b>Employer (1)</b>	Job Title		Dates Employed
Work Phone	Reason for Leaving		Supervisor Name
Address	City	State	Zip
<b>Employer (2)</b>	Job Title		Dates Employed
Work Phone	Reason for Leaving		Supervisor Name
Address	City	State	Zip
<b>Employer (3)</b>	Job Title		Dates Employed
Work Phone	Reason for Leaving		Supervisor Name
Address	City	State	Zip

## Application Certification

I authorize Food Shed Co-op to obtain and verify, verbally or in writing, information about my background and qualifications for employment. I release Food Shed Co-op, its officers, directors, agents and employees from any and all claims arising out of obtaining and verification of this information. I also release any person providing information about my background and qualifications for employment from any and all claims that may arise as a result of disclosure.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any misrepresentation, falsification, or willful omission of facts shall be sufficient reason for refusal or termination of employment.

I understand and agree that if hired, my employment is at will, for no definite period of time and may be ended at any time.

Name (Please Print)	Signature
Date	