



Employment Application

Mission Statement: To serve our community as the foremost provider of foods and products that enrich health and wellbeing, cultivating a spirit of community through excellent service and education.

Important: We have been serving the community for over 30 years. Complete customer satisfaction is our number one goal. Our employees are expected to demonstrate excellent customer service, work together, and communicate in friendly, cooperative ways. We enjoy thinking outside the box and encourage creativity. Regular and punctual attendance is expected. We seek people who are self-motivated and have excellent follow through. It is our intent to employ people whose work ethic and personal philosophy most closely match those of the Co-op. Are you up for the challenge? Then apply to join our team!

| Applicant Information: Please Print | |
|-------------------------------------|----------------------------------|
| Name: | Date: |
| Street Address: | Apartment #: |
| City and State: | Zip Code: |
| Primary phone: | Another number to be reached at: |
| Email address: | How were you referred? |

| Important Information: |
|---|
| Are you legally authorized to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> (If hired, you will be required to provide proof of work authorization) |
| If you at least 18 years old? YES <input type="checkbox"/> NO <input type="checkbox"/> If you are not at least 18 years old, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit. |

Professional References:

| <u>Name</u> | <u>Phone</u> | <u>Email</u> | <u>Occupation</u> |
|-------------|--------------|--------------|-------------------|
| | | | |
| | | | |

Personal References: (not relatives)

| <u>Name</u> | <u>Phone</u> | <u>Email</u> | <u>Occupation</u> |
|-------------|--------------|--------------|-------------------|
| | | | |
| | | | |

Educational Information:

| <u>School</u> | <u>Name, Address, City, State, Zip</u> | <u># years completed</u> | <u>Degree/Major</u> | <u>Completed? Circle one</u> |
|---------------|--|--------------------------|---------------------|----------------------------------|
| High School | | | | YES NO |
| College | | | | YES NO |
| Grad School | | | | YES NO |
| Other | | | | YES NO |

Additional experiences and qualifications:

Please list any other experiences, skills or qualifications which should be considered in evaluating your qualification for employment:

Work Preferences:

Do you wish to work:

Full-time Part-time Temporary If temporary, until when? ___/___/___

Please write in the times you would be available to work. Shifts vary by department between 5 am and 10 pm:

| | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|------------------|-----|------|-----|-------|-----|-----|-----|
| I can start at | | | | | | | |
| I can stay until | | | | | | | |

What date are you available to begin working?

What position you are applying for?

Do you have any commitments that might affect your employment with us, especially for the first 90 days?

What are your pay/salary requirements?

Work History: (Do not note "See Resume"; please complete this portion, even if attaching a resume.)

| | | | |
|------------------|---------------------|----------------------|-----|
| Employer: | Duties: | | |
| Address: | | | |
| Supervisor: | | | |
| Telephone: | May we contact? | Y / N | |
| Employed From: | To: | Compensation – Start | End |
| Your Job Title: | Reason for leaving? | | |
| Employer: | Duties: | | |
| Address: | | | |
| Supervisor: | | | |
| Telephone: | May we contact? | Y / N | |
| Employed From: | To: | Compensation – Start | End |
| Your Job Title: | Reason for leaving? | | |
| Employer: | Duties: | | |
| Address: | | | |
| Supervisor: | | | |
| Telephone: | May we contact? | Y / N | |
| Employed From: | To: | Compensation – Start | End |
| Your Job Title: | Reason for leaving? | | |

Please Read Carefully Before Signing This Form

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired, regardless of when such information is discovered.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided an/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any persons or organizations providing information pertaining to me or my employment.
3. I understand that prior to my employment I may be asked to sign a background check consent form or other documentation in order to facilitate my hiring. I agree to sign these forms.
4. I understand that this application remains current for 12 months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.
5. **Whole Foods Cooperative does not tolerate unlawful discrimination in its employment practices. No questions on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local law. The company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.**
6. Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Signature of Applicant: _____ Date: _____

Printed name: _____

We are an Equal Opportunity Employer