

## Application for Employment



(Applications will be kept on file for four months. Please contact us if you would like your application to be active longer.)

Name:	
Address:	
Phone Number:	100
Are you 18 or older? O no O yes	
Have you ever worked for GreenTree Co-op before?  O no O yes, when?	
Have you ever volunteered for GreenTree Co-op before?  O no O yes, when?	
Are you looking for O full time O part time O anything available	
Do you have a legal right to work in the United States? (If you accept employment at GreenTree, the Federal Immigration Act of 1986 requires that provide documents establishing your identity and work authorization)  O yes O no	t you
What days and times would you be available to work at the co-op?  (All GreenTree employees must be able to work twenty hours a week minimum)	
Monday: Friday:	
Tuesday: Saturday:	
Wednesday:Sunday:Thursday:	
Do you have any other time commitments or schedule changes in the next smonths? (Ex: school, other job, meetings, etc, attach another sheet if necessary)	six
If you were hired, when could you begin training?	
What position are you applying for? O Storekeeper (cashier) O Manager O Department Buyer O Department Assistant O anything available O other:	

	any current GreenTree Employee? what way?	
How did you hear Grocery?	about GreenTree Cooperative	
Why do you want	to work at GreenTree?	
What is your exper	ience with natural foods?	
	skills or experience that you feel would ounds, able to use a POS system, , etc	<del>-</del>
your average Groo	evice is an important part of what ma cery store. Describe what you think a n a community-owned business.	•
	How will working at GreenTree fit into (What do you see yourself doing in a few ye	

## Educational Background:

School	Name	Location	Years Completed	Did you graduate?	Subjects Studied
High School					
College					
Graduate School					
Other					

known at least one year, particularly those who could speak to your work experience.)

How does this person know you?	Phone Number
	How does this person know you?

Work Experience: (Please list most recent employment first.)

Position: Employer: Dates Employed from: Reason for Leaving:	
Duties & Responsibilties:	
Position:	Supervisor:
Position: Employer:	Supervisor:Phone Number:
	Phone Number:
Employer: Dates Employed from:	Phone Number: to
Employer:	Phone Number:to
Employer:  Dates Employed from:  Reason for Leaving:	Phone Number:to

Position:	Supervisor:
Employer:	Phone Number:
Dates Employed from:	
Reason for Leaving:	
Duties & Responsibilties:	
Position:	Supervisor:
Employer:	
Dates Employed from:	
Reason for Leaving:	
Duties & Responsibilties:	
May we contact your current en	mployer? O Yes O No
Please Read Befo	ore Signing
E <i>qual Employment Opportunity</i> Ne do not and will not discriminate on the basis of race, co	Nor soy ago hoight woight roligion national
origin, sexual orientation, marital or familal status, disability,	
characteristic protected under law.	·
Accuracy of Information	
certify that all the information submitted by me on this app	
nowledge, and I understand that if I am employed, false s or termination of my employment. I understand that this a	
pp, will become part of my personnel file.	pplication, in rain employed by creenings of
Authorization for Release of Information	
n connection with this application, I authorize my former er	
and branches of the military to release information thay ma	
me. I release all parties supplying such information and Gre rom any liability arising out of the release of any informatio	
Signature Date	e

Please feel free to attach a cover letter, resume, or other additional information.