APPLICATION FOR EMPLOYMENT COMMUNITY FOOD CO-OP

DATE	POSITION APPLYING FOR	
NAME	SS#	PHONE
ADDRESS	CITY	STATEZIP
HOW DID	YOU HEAR OF THIS JOB?	
	PREVIOUS WORK	EXPERIENCE
In a few	sentences describe your job, what you liked about it, didn	n't like and your reason for leaving. Use a separate sheet if
	necessary	y.
DATES	COMPANY NAME AND ADDRESS SALAR	RY SUPERVISOR'S NAME & TEL
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May we co	ontact your current employer for a reference?	Date available to begin training

EDUCATION

	<u>Institution</u>	Area of Study		
HIGH SCHOOL:				
COLLEGE:				
TRADE/VOCATIONAL:				
	PERSONAL REFEREN	NCES		
Name	Relationship	Phone No.		
1				
2				
3				
	<u>GENERAL</u>			
Do you have any physical limitat	ions that would prevent you from lifting	and moving 50 lbs throughout the day?		
Do you have any physical inintal	ions that would prevent you from mung	and moving 50 tos unougnout the day:		
Why do you want to work at the	Co-op and what attracts you to this partic	cular job?		
How long could you foresee you	rself working here?			
Would you have any time or hou	rs constraints were you to become emplo	yed here?		
Describe the way you feel you w	ould interact with customers.			
What is the extent of your knowledge and/or experience with the Co-op and the products we sell?				
Is there anything else you'd like t	o add about yourself?			
All information I have supplied o	n this application is true to the best of m	y knowledge.		
SIGNATURE	DATE			