



1319 Grandin Road, SW
Roanoke, VA 24015
540.343.5652 | f. 540.343.5711
www.roanoke.coop

APPLICATION FOR EMPLOYMENT

Today's date: _____

Personal Information:

Last Name	First Name	Middle Name	Social Security #	
Present Address		City	State	Zip Code
Permanent Address		City	State	Zip Code
E-mail Address		Telephone Number	Time most likely to be reached __9am-12pm __12pm-3pm __3pm-6pm	

If hired, can you show evidence of your right to work in the US? Yes ___ No ___

Are you over 18 years of age? Yes ___ No ___

Employment Information:

- Position desired _____
- Check any area listed below in which you have skills or experience:
 - Cash Register ___
 - Deli ___
 - Produce ___
 - Grocery ___
 - Dairy/Frozen ___
 - Cooperatives ___
 - Nutrition ___
 - Customer Service ___
 - Other ___

For each item checked above, please state where and when you acquired these skills and experiences:

- Date you are available to start work: _____
- If there are any hours you can not work, what are they? _____
- Max number of hours a week you can work: _____
- Minimum number of hours a week you can work: _____

7. What are your pay requirements? _____
8. Have you ever applied for work at the Co-op before? Yes____ No ____
9. Are there any other experiences or skills you feel would especially qualify you to work for the Co-op?

Education and Training:

School Name	Location	Years completed	Did you graduate
Other training or certification			
U.S. Military or Naval Services?		Branch	Rank

Former Employers:

Date: Month/Year of employment	Name and phone number of past employer	Salary/Wage	Position	Reason for Leaving	Contact Name/ phone #
To: From:					Name: Phone:
To: From:					Name: Phone:
To: From:					Name: Phone:
To: From:					Name: Phone:

If you are currently employed may we contact your present employer? Yes ____ No ____

Below, give the name of two personal references, not related to you, whom you have known for at least a year:

Name	Phone	Job Title	How acquainted and for how long

Profile Information:

1. How would working at the Co-op fit into your future, career or personal plans?

2 . How are you familiar with cooperative groceries and related products?

3 . Why do you wish to work at Roanoke Natural Foods Co-op?

4 . Can you recall a time when you worked cooperatively with a group of people to reach a goal?
Please describe your experience.

5 . What does it mean to provide GREAT customer service as part of your job? Give an example.

I authorize my present and former employers (unless otherwise indicated on this application) to release to the co-op any information concerning my employment, including my job performance. Further, I release all these parties from liability for any damage, (except what resulting from misrepresentation,) which might result from furnishing this information.

The information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me from further consideration and may be considered satisfaction for dismissal if discovered at a later date.

I understand that employment with the Co-op is for no definite period of time. The Co-op and its employees have, at all times, the right to terminate the employment relationship.

Your Signature

Date

Applicant: Do not write on this page

Remarks/Comments			
Date Position Offered	Department / Position	1 st Day of Work	Salary / Wage

APPROVAL SIGNATURES

Department Manager	Date	General Manager	Date

PERSONNEL

Date of Orientation	Personnel Administrator	Date Payroll information input into database	Payroll Clerk