



Application for Employment

Employees of the Blue Hill Co-op are asked to make a serious commitment to providing great service, being reliable and available, learning about local and organic foods, and contributing to a cooperative work environment built on mutual respect and shared values.

Contact Information

Name:		Date:	
Address:		City:	
State:		Zip:	
Primary Phone:		Secondary Phone:	
Email:			
Preferred Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email			

Position You're Applying For:

Where did you hear about this position?

Local paper

In store

Our website

Facebook or Instagram

Word of mouth

Other: _____

Availability

Please be specific and honest. Do not overestimate your true availability.

Date you can start:							
Days you CAN work (check all that apply):	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Are you willing to work 6–8 hours either Saturday or Sunday?	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
Are you willing to work both Saturday and Sunday?	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
If hired, may we expect you to work here consistently for a year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
If no, how long?							

Are there any hours you could NOT work?

Do you expect to be absent any time in the next 6 months?

Do you have commitments to another employer or school that might affect your employment at the Co-op? If yes, please explain:



Work History

Start with your most recent experience. Please explain any gaps in employment. Attach a resume if you have one.

Employer 1			
Employer Name:		Type of Business:	
Job Title:		Phone:	
Duties:			
City / State / Zip:		Supervisor:	
Start Date:		End Date:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer 2			
Employer Name:		Type of Business:	
Job Title:		Phone:	
Duties:			
City / State / Zip:		Supervisor:	
Start Date:		End Date:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer 3			
Employer Name:		Type of Business:	
Job Title:		Phone:	
Duties:			
City / State / Zip:		Supervisor:	
Start Date:		End Date:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

References

List three persons not related to you who are familiar with your work and have known you for at least one year.

References			
Name	Phone	Address	Relationship



Education

Name and address of high school:			
Did you graduate?		If not, do you have a GED?	
College or university:			
Dates attended:		Major:	Degree:
Other training or certifications:			

Skills & Experience

Please describe where and when you acquired skills and experience in the following areas.

Area	
Customer Service	
Organic / Local Foods	
Food Service	
Cashiering / Stocking	
Produce	
Cooperatives	

General Questions

What are your goals for the future, career or personal? How will knowledge and experience gained at the Co-op help you get there?

The Blue Hill Co-op is a high-volume business with a workday that can be long and demanding. What makes you believe you can perform well and excel under these conditions?

Describe a real incident in which you were treated rudely as a customer. How would you have handled it differently if you had been in the other person's shoes?



Legal

Are you legally authorized to work in the United States? Yes No

Are you 18 years of age or older? Yes No

Have you ever worked for the Blue Hill Co-op before? Yes No

Equal Opportunity Employer

The Blue Hill Co-op is an equal opportunity employer. Applicants are considered for positions without regard to race, color, ancestry, religion, sex, gender, national origin, sexual orientation, disability, and other characteristics protected by law.

Agreement

Please read carefully and sign below.

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. I release all these parties from any liability for any damage (except that 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 justification for dismissal if discovered at a later date.

I understand that employment at the Co-op is for no definite period of time. The Co-op, as an At Will Employer, has at all times the right to terminate the employment relationship.

I hereby acknowledge that I have read, understand, and agree to the preceding statement.

Signature:

Date:
