

**EMPLOYMENT APPLICATION****INSTRUCTIONS:**

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE."
2. Complete all sides of this application.
3. **Please print clearly. Incomplete, unsigned or illegible applications will not be processed.**
4. Do not fill out any other attached forms unless instructed.
5. Return completed application to the front registers.



1250 South Frontage Road  
Hastings, MN 55033  
[www.spiralnaturalfoods.coop](http://www.spiralnaturalfoods.coop)  
651-437-2667

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
*Last First M.I.*

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City State Zip*

PRIOR ADDRESS: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City State Zip*

**APPLICANT NOTE**

This application form is intended for use in evaluating your qualifications for employment.

This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, religion, national origin, the presence of disabilities, sexual orientation, status with regards to public assistance, or any other characteristic protected by law. A conviction will not necessarily bar an applicant from employment. This application applies only to the position specified. It is considered inactive after 90 days. If at any time you wish to be considered for employment within this company, another application must be completed.

**AVAILABILITY**

For which position are you applying? \_\_\_\_\_

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

Are you under the age of 18?  Yes  No **If Yes, are you over the age of 16?**  Yes  No

What date can you start? \_\_\_\_/\_\_\_\_/\_\_\_\_

What is the range for your wage/salary expectations? \$ \_\_\_\_\_ to \_\_\_\_\_/hr or \$ \_\_\_\_\_ to \_\_\_\_\_/yr

How many hours a week are you interested in working? \_\_\_\_\_ hours/week

Can you regularly lift 30-50 pounds?  Yes  No (Used to determine BFOQ only and will not necessarily affect eligibility).

\*\*\*If you can not lift 30-50 pounds safely, how many pounds can you lift safely on a regular basis? \_\_\_\_\_ pounds

Which category are you applying to?  Full-time (30+ hours/week)  Part-time (up to 25 hours/week)  Temporary (3 months or less)

Do you have open availability?  Yes  No

For which schedules are you available?  Morning (6am-10am)  Day (8am-5pm)  Evening (3pm- 10pm)  Overnight (10pm- 7am)

**IDEAL SCHEDULE**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

**EDUCATION**

Please circle highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+

	NAME	CITY/STATE/DEGREE EARNED	GRADUATE?	STILL ENROLLED?
High School:			YES NO	YES NO
College:			YES NO	YES NO
College:			YES NO	YES NO

**EXPERIENCE**

List the skills and experience you have in the following areas. State where and when you acquired these skills and experience. Include previous and current work, volunteer or academic experiences in completing these areas. Use the following guideline:

**1 = entry level (0-1 years)    2 = average (1-3 years)    3 = excellent (3+ years)**

**Cashiering, Cash Handling, POS Systems** \_\_\_\_\_

*Please circle:*                    **1**                    **2**                    **3**

**Retail Merchandising, Stocking, Inventory** \_\_\_\_\_

*Please circle:*                    **1**                    **2**                    **3**

**Produce, Flowers, Horticulture, Farming** \_\_\_\_\_

*Please circle:*                    **1**                    **2**                    **3**

**Natural Foods, Organic Foods, Nutrition, Special Diets** \_\_\_\_\_

*Please circle:*                    **1**                    **2**                    **3**

**Meat, Seafood, Natural Meat, Meat Cutting** \_\_\_\_\_

*Please circle:*                    **1**                    **2**                    **3**

**Supplements, Homeopathy, Natural Cosmetics, Aromatherapy, Health and Beauty** \_\_\_\_\_

*Please circle:*                    **1**                    **2**                    **3**

**Food Service, Juicing, Specialty Coffee and Teas, Food Merchandising** \_\_\_\_\_

*Please circle:*                    **1**                    **2**                    **3**

**Customer Service and Satisfaction** \_\_\_\_\_

*Please circle:*                    **1**                    **2**                    **3**

**Accounting, Bookkeeping, Data Entry, 10 Key** \_\_\_\_\_

*Please circle:*                    **1**                    **2**                    **3**

**Desktop Computers, Keyboarding, Software Applications, Internet, Graphic Design** \_\_\_\_\_

*Please circle:*                    **1**                    **2**                    **3**

**Cooperatives, Cooperative Principles, Membership** \_\_\_\_\_

*Please circle:*                    **1**                    **2**                    **3**

**Are there other skills or experiences that would especially qualify you to work for Spiral Natural Foods Cooperative?**

**What are your future goals (personal or career)? How would working for Spiral Natural Foods Cooperative help you to achieve these goals?**

**EMPLOYMENT REFERENCES**

Your application will not be considered unless every question is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical.

MOST RECENT EMPLOYER	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Are you currently working for this employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, may we contact your current employer?</b>
	(      )
	Company Name _____ City _____ State _____ Phone Number _____ From (mon/yr) _____ To (mon/yr) _____ Dates Employed _____ Job Title _____ Supervisor's Name _____ <hr/> Duties _____ <input type="checkbox"/> Annually \$ _____ <input type="checkbox"/> Hourly Pay _____ Reason for Leaving _____
SECOND MOST RECENT EMPLOYER	(      )
	Company Name _____ City _____ State _____ Phone Number _____ From (mon/yr) _____ To (mon/yr) _____ Dates Employed _____ Job Title _____ Supervisor's Name _____ <hr/> Duties _____ <input type="checkbox"/> Annually \$ _____ <input type="checkbox"/> Hourly Pay _____ Reason for Leaving _____
	Company Name _____ City _____ State _____ Phone Number _____ From (mon/yr) _____ To (mon/yr) _____ Dates Employed _____ Job Title _____ Supervisor's Name _____ <hr/> Duties _____ <input type="checkbox"/> Annually \$ _____ <input type="checkbox"/> Hourly Pay _____ Reason for Leaving _____

**REFERENCES**

Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		

**CERTIFICATION**

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omission or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I agree that if I am employed, my employment shall not be construed as being for any definite period of time and terminable at will by Spiral Natural Foods or me.

Applicant Name (please print) \_\_\_\_\_  
First
MI
Last

Signature \_\_\_\_\_ Dated \_\_\_\_\_  
(month/day/year)