



Employment Application

228 Mulberry Street - St. Peter, Minnesota - 56082
 (507) 934-4880 - www.stpeterfood.coop

INSTRUCTIONS:

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

1. Please read **Applicant Note** below.
2. Print clearly; incomplete or illegible applications will not be processed.

| |
|-------------------------|
| Date _____ |
| Name _____ |
| Address _____ _____ |
| Home Phone _____ |
| Alternative Phone _____ |

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 race, color, creed, religion, national origin, sex, marital status, status with regards to public assistance, member activity in a local commission, the presence of disabilities, sexual orientation, or age, or any other characteristics protected by law. **THIS APPLICATION APPLIES ONLY TO THE POSITION SPECIFIED. IT IS CONSIDERED INACTIVE AFTER 30 DAYS.** If after that you wish to be considered for employment within this company, another application must be completed.

AVAILABILITY

POSITIONS APPLIED FOR:

- Cashier
- Deli counter
- Cook
- Produce
- Grocery
- Health and Body Care
- Baker
- Dishwasher
- Other _____

What category do you prefer? Full time Part time

What date can you start? _____

Do you expect to be absent at any time in the next six months? _____

Maximum number of hours you would work: _____

Minimum number of hours you would work: _____

Hours that you can not work: _____

Hours you are available to work:

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
| am | | | | | | |
| pm | | | | | | |

EMPLOYMENT HISTORY

Your application may 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. List in order, starting with the most recent or current employer.

May we contact? Yes No COMPANY NAME _____

CITY _____ STATE _____ PHONE _____

DUTIES _____

SUPERVISOR NAME _____ PAY RATE _____

DATES OF EMPLOYMENT: START _____ END _____

REASON FOR LEAVING _____

May we contact? Yes No COMPANY NAME _____

CITY _____ STATE _____ PHONE _____

DUTIES _____

SUPERVISOR NAME _____ PAY RATE _____

DATES OF EMPLOYMENT: START _____ END _____

REASON FOR LEAVING _____

May we contact? Yes No COMPANY NAME _____

CITY _____ STATE _____ PHONE _____

DUTIES _____

SUPERVISOR NAME _____ PAY RATE _____

DATES OF EMPLOYMENT: START _____ END _____

REASON FOR LEAVING _____

CERTIFICATION AND RELEASE

I certify that I have read and understand the application note on page one of this form and that the answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omission or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents to verify any of this information. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I agree that if I am employed, my employment shall not be construed as being for any definite period of time, but will be for an indefinite period, terminable at will by the company or me.

SIGNED _____ DATE _____

OFFICE USE ONLY

JOB GROUP:

- Deli Service Deli Production Front End Produce Grocery
- Office Bakery Wellness Other

DISPOSITION INFORMATION:

- Not Interviewed initials _____ Interviewed, Not Hired initials _____
- Date of Interview _____ Interviewed, Hired Date of Hire _____
- Job Offered, Rejected Other _____

ST. PETER FOOD CO-OP MISSION STATEMENT

The St. Peter Food Cooperative is established to provide for a vital community by supporting cooperative principles and sustainability for a growing number of stakeholders locally, regionally and globally.

