

FARMINGTON VILLAGE COOPERATIVE



APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Position Applied For:	Date of Application
How did you learn of us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Other _____	

Last Name:		First:		Middle
Address	Street	City	State	Zip
Home:		Mobile / Fax		
Date available to start:		Social Security Number:		

Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain: _____ _____ _____

- Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of Citizenship or immigration status will be required upon employment.

- If you are under 18, do you have a work permit? Yes No
- Are you currently employed? Yes No
- May we contact your present employer? Yes No
- Have you ever been employed here before? Yes No
 If yes, give date _____
- Are you able to work Full Time Part Time Temporary
- Are you currently on "lay-off" status and subject to recall? Yes No
- Have you ever had any job-related training in the United States Military? Yes No
- If yes, please describe: _____
- Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No If Yes, please explain _____

EDUCATION

	Elementary School					High School				Undergraduate College / University				Graduate / Professional			
School Name & Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree																	
Describe any specialized training, apprenticeship skills and extra curricular activities.																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Please list Professional, Trade, Business or Civic Activities and Offices Held. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or handicap or protected status:

- 1.
- 2.
- 3.
- 4.
- 5.

References – Please list names, address, and telephone number of three references who are not related to you and are not previous employers.

Name	Address	Phone Number

EMPLOYMENT EXPERIENCE

Please start with your present or last job, Include any job related military service, assignments, and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

Name of Employer	Dates Employed		Work Performed	
	From:	To:		
Address:				
Home Phone:	Cell:			
Your Job Title:	Supervisor:			
Reason for leaving:				
			Hourly Rate / Salary	
			Start:	Final:

Name of Employer	Dates Employed		Work Performed	
	From:	To:		
Address:				
Home Phone:	Cell:			
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			Hourly Rate / Salary	
			Start:	Final:

Name of Employer	Dates Employed		Work Performed	
	From:	To:		
Address:				
Home Phone:	Cell:			
Your Job Title:	Supervisor:			
Reason for leaving:				
			Hourly Rate / Salary	
			Start:	Final:

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not application are being accepted at the time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of and "At Will" nature, which means that the Employee may resign at any time and the Employer, may discharge Employee at any time with or without cause. It is further understood that this "At Will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by and authorized executive of this organization.

In event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date _____

For Personnel Department Use Only

Arrange Interview () Yes () No

Remarks if any:

Employed: () Yes () No

Date of Employment: _____

Job Title: _____ Hourly Rate / Salary: _____

Department _____

Interviewed By: _____ Date: _____