

River Valley Co-op

APPLICATION FOR EMPLOYMENT

Name _____ Date _____

Address _____

Phone # _____ Email _____

What position(s) are you applying for? _____

How were you referred to the co-op? (Newspaper, friend, etc.) _____

Date you can start: _____

Are you applying for Part-time (20-35 hours/wk) _____ and/or Full-time (35-40/wk) _____?

Circle days you are available to work: M T W TH F SA SU

The co-op is open for business 8 AM-10 PM daily requiring some work shifts starting before 8 AM to prepare for opening, as well as some work shifts starting in the afternoon and ending after closing and clean-up is completed.

- Are you willing to work shifts beginning before 7 AM? [] Yes [] No
- Are you willing to work afternoon/evening shifts up to 11 PM? [] Yes [] No
- Please specify any scheduling limitations: _____

Are you 18 years old or older? [] Yes [] No

Are you legally able to work in the U.S.? [] Yes [] No

EMPLOYMENT HISTORY

PREVIOUS EMPLOYMENT (please list your last three employers, most recent employment first)

1) Employer: _____ Your job title: _____
Address: _____ Phone number: _____
Employed from: _____ to: _____ mo/yr
Ending pay rate: _____ Reason for leaving: _____
Your job responsibilities: _____

Supervisor's Name: _____

May we contact this employer? [] Yes [] No

(Continued)

PREVIOUS EMPLOYMENT

2) Employer: _____ Your job title: _____
Address: _____ Phone number: _____
Employed from: _____ to: _____ mo/yr
Ending pay rate: _____ Reason for leaving: _____
Your job responsibilities: _____

Supervisor's Name: _____
May we contact this employer? Yes No

PREVIOUS EMPLOYMENT

3) Employer: _____ Your job title: _____
Address: _____ Phone number: _____
Employed from: _____ to: _____ mo/yr
Ending pay rate: _____ Reason for leaving: _____
Your job responsibilities: _____

Supervisor's Name: _____
May we contact this employer? Yes No

Please list here special skills or qualifications; relevant jobs dating before the jobs above; explain major gaps between jobs above; previous association with River Valley Co-op, if any:

PLEASE ANSWER THE FOLLOWING QUESTIONS

1) How did you learn about the co-op and why are you interested in working here?

2) What does it mean to provide great customer service as part of your job? Give an example:

3) What language(s) do you speak?

(Continued)

4) If we were to check your references, what do you think they would recognize as your greatest strength? As your greatest weakness?

5) How would working at the co-op fit into your future plans? (career and/or personal)

EDUCATIONAL BACKGROUND

School name	degree(s)	area of study	dates attended

Please note:

Due to the large volume of applications, we only contact applicants if they are selected for further consideration. Incomplete applications will not be considered. No phone calls, please.

PLEASE READ BEFORE SIGNING

I hereby affirm that the information on this application (and accompanying resume, if any) is true to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal at a later date.

I authorize persons named in this application to provide any relevant information that may be required to arrive at an employment decision.

Date: _____

(Signature)

Please feel free to attach resume or any additional information.

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