



## APPLICATION FOR EMPLOYMENT CONCORD FOOD COOPERATIVE, INC.

Concord Coopertaive Market and Kearsarge Cooperative Grocer  
Please answer each question fully and accurately. You may attach a resume; however you must still complete all sections of this application. For questions regarding employment please contact the Human Resources Department at 603-227-9696.

### PERSONAL INFORMATION

First name	Last name	
Street address		
City	State	ZIP code
How long have you lived at this address? If less than one year, please provide previous address.		
Previous street address		
Previous city	Previous state	Previous ZIP code
Home telephone	Cellular telephone	

Are you legally authorized to work in the United States?	Yes	No
Have you worked for the Co-op before?	Yes	No
Do you have regular, reliable transportation to work?	Yes	No
Are you 18 years of age or older? If not, provide birth date.	Birth date (if under 18 years):	
Do you have any relatives currently employed at the Co-op?	Yes	No
Have you ever been convicted of a felony or a misdemeanor involving dishonesty that has not been annulled or expunged from your record? If yes, provide the date, location, nature and facts surrounding each conviction on separate paper.	Yes	No

### PLACEMENT INFORMATION

Are you seeking full-time or part-time employment?	<p>Please mark off the department(s) or jobs you are interested in applying for in order of preference (#1 is most desirable, #6 is least desirable).</p> <p>Leave blank departments you do not wish to be considered for.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px;"></td><td>Customer Service Department Cashier, Service clerk</td></tr> <tr><td></td><td>Grocery Department Stocker, Receiver, Buyer</td></tr> <tr><td></td><td>Produce Department Stocker</td></tr> <tr><td></td><td>Prepared Foods Department Prep cook, Dishwasher</td></tr> <tr><td></td><td>Health &amp; Beauty Department Stocker, Receiver, Buyer</td></tr> <tr><td></td><td>Administration Office Clerk</td></tr> </table>		Customer Service Department Cashier, Service clerk		Grocery Department Stocker, Receiver, Buyer		Produce Department Stocker		Prepared Foods Department Prep cook, Dishwasher		Health & Beauty Department Stocker, Receiver, Buyer		Administration Office Clerk	
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		Administration Office Clerk												
Number of hours you are able to work per week:														
Are you seeking regular, year-round or seasonal employment?														
What date are you available to begin work?														
What location are you seeking employment at? <input type="checkbox"/> Concord <input type="checkbox"/> New London <input type="checkbox"/> Both														
What hours are you available to work each day of the week:														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%;">Monday</td><td></td></tr> <tr><td>Tuesday</td><td></td></tr> <tr><td>Wednesday</td><td></td></tr> <tr><td>Thursday</td><td></td></tr> <tr><td>Friday</td><td></td></tr> <tr><td>Saturday</td><td></td></tr> <tr><td>Sunday</td><td></td></tr> </table>	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
Monday														
Tuesday														
Wednesday														
Thursday														
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Saturday														
Sunday														

## EMPLOYMENT HISTORY

Your work experience is an important factor in evaluating your qualifications.

Please provide complete and accurate information on your previous employment. List your most recent employer first.

Name of employer		Dates of employment	
Street address			
City		State	ZIP Code
Telephone		Supervisor's name	
Starting wage		Ending wage	
Your job title and duties			
Reason for leaving			
May we contact this employer?			

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Street address			
City		State	ZIP Code
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## REFERENCES

Please provide contact information for three individuals who can speak to your ability to perform the duties of the position you are applying for. Do not include friends or family members.

Name		
Street address		
City	State	ZIP code
Telephone	Relationship	Years known

Name		
Street address		
City	State	ZIP code
Telephone	Relationship	Years known

Name		
Street address		
City	State	ZIP code
Telephone	Relationship	Years known

## EDUCATION

Name of High School		
Street address		
City	State	ZIP code
Did you graduate? <input type="checkbox"/> Current Student <input type="checkbox"/> Yes <input type="checkbox"/> GED <input type="checkbox"/> No		

Name of College or University		
Street address		
City	State	ZIP code
Did you graduate? <input type="checkbox"/> Current Student <input type="checkbox"/> Yes <input type="checkbox"/> GED <input type="checkbox"/> No		

List any additional education, training or certifications:

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