



Cambridge Food Co-op
 1 West Main Street
 Cambridge, NY 12816
 (518) 677-5731

It is the policy of the Cambridge Food Co-op to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

Applicant Information:

Full Name: _____

Address: _____

City/State/zip: _____

Number of years at this address? _____

Home Phone: _____ Cell phone: _____

Job Position Applying for: _____

Who referred you to the Cambridge Food Co-op? _____

Do you have any friends or relatives who work or are members here? _____

Are you willing to work any shift, including nights and weekends? _____ YES _____ NO

If no, please state your limitations.

If you are offered employment, when can you begin work? _____

If hired, are you able to submit proof that you are legally eligible to be employed in the United States?

_____ YES _____ NO

Skills:

Check all skills that you have. List any others that you think would be useful for the job you are seeking. Enter the number of years of experience and rate your ability for each particular skill. (1 represents poor ability, 5 represents exceptional ability)

Skill	Years of Experience	Ability or Rating
Customer Service		1 2 3 4 5
Cash Register/Money Handling		1 2 3 4 5

Written and Verbal Communication		1	2	3	4	5
Sales		1	2	3	4	5
Attention to Detail		1	2	3	4	5
Flexibility		1	2	3	4	5
Point of Sales Systems (POS)		1	2	3	4	5
Conflict Resolution		1	2	3	4	5
Product Knowledge		1	2	3	4	5
Produce Handling		1	2	3	4	5
Time Management		1	2	3	4	5

Application Employment History

List your current or most recent employment first. Please explain any gaps in employment history. Use an additional sheet of paper if necessary.

Company Name: _____

Supervisor Name: _____

Address: _____

City/State/Zip: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Company Name: _____

Supervisor Name: _____

Address: _____

City/State/Zip: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Company Name: _____

Supervisor Name: _____

Address: _____

City/State/Zip: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Education and Training:

College/University Name and Address: _____

Did you receive a degree? _____ YES _____ NO

If yes, degree(s) received: _____

High School/GED Name and Address: _____

Other Trainings (graduate, technical, vocational):

Please indicate and professional licenses or certifications that you hold:

Awards, Honors, Special Achievements:

References: Please list 3 non-relatives who would be willing to provide a reference for you.

Name: _____

Address: _____

City/State/zip: _____

Phone: _____

Relationship: _____

Name: _____

Address: _____

City/State/zip: _____

Phone: _____

Relationship: _____

Name: _____

Address: _____

City/State/zip: _____

Phone: _____

Relationship: _____

Please list any other information you feel is important including whether you are bound by another agreement with a current employer.

Certification

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application or if employment commences, immediate termination.

I authorize the Cambridge Food Co-op to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

Applicant Signature

Date