

Astoria Cooperative
1355 Exchange Street Suite 1
Astoria, OR 97103



Tel: 503-325-0027
FAX: 503-325-7797
Open Daily 8-8

APPLICATION FOR EMPLOYMENT

Name _____ Date _____

Street Address _____

City, Zip _____ Phone _____

Are you applying for a specific job opening? _____ Which? _____

Would you be interested in other jobs at the Co-op? _____

Date available for work: _____

Maximum number of hours per week you could work? _____ Minimum? _____

Are there any hours during the week you could not work? _____

Do you expect to be absent any time in the next 6 months? _____

Do you have any commitments to another employer/school that might affect your employment with us?

If so, please explain: _____

PRIOR WORK HISTORY

List in chronological order, beginning with present employer:

Employer _____ Address _____

Dates of employment ___/___/___ through ___/___/___

Contact Person _____ Phone _____

Responsibilities _____

Reason for leaving: _____

Employer_____ Address_____

Dates of employment ___/___/___ through ___/___/___

Contact Person_____ Phone_____

Responsibilities_____

Reason for leaving:_____

Employer_____ Address_____

Dates of employment ___/___/___ through ___/___/___

Contact Person_____ Phone_____

Responsibilities_____

Reason for leaving:_____

Employer_____ Address_____

Dates of employment ___/___/___ through ___/___/___

Contact Person_____ Phone_____

Responsibilities_____

Reason for leaving:_____

Please state where and when you acquired skills and experience in the following areas:

Customer Service: _____

Natural Foods: _____

Cashiering: _____

Nutrition: _____

Any other experiences/skills you feel would especially qualify you to work at the Co-op?

What are your plans for the future, career or personal? How would working at the Co-op fit your plans?

If hired, can you show evidence of your right to work in the US? _____

Please list three work-related references and a contact phone number:

1. _____
2. _____
3. _____

I authorize my present and former employers (unless otherwise indicated on this application) to release to Astoria Co-op Grocery any information concerning my employment, including my job performance. Further, I release all these parties from liability for any damage (except that resulting from misrepresentation) which might result from furnishing this information.

The information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me from further consideration and may be considered justification for dismissal if discovered at a later date. I understand that employment with the Astoria Co-op is for no definite period of time. Astoria Co-op and its employees have at all times the right to terminate the employment relationship.

Signed: _____

Date: _____