



APPLICATION FOR EMPLOYMENT

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Availability

POSITIONS APPLIED FOR:

<input type="checkbox"/>	Front End / Cashier
<input type="checkbox"/>	Deli
<input type="checkbox"/>	Produce
<input type="checkbox"/>	Grocery
<input type="checkbox"/>	Health & Body Care
<input type="checkbox"/>	Receiving
<input type="checkbox"/>	Other _____

What category do you prefer? FT or PT

What date can you start? _____

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

Maximum number of hours you would work: _____

Minimum number of hours you would work: _____

Hours you can not work: _____

Hours you are available to work: *we have shifts starting as early as 5:00am and ending as late as 9:00pm.*

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM							
PM							

Where did you hear about job openings at the Co-op? _____

ADDITIONAL QUESTIONS:

1. Give us an example of what exceptional customer service means to you: _____

2. Why would you like to work for Bluff Country Co-op? _____

3. Can you perform the requirements of the job without reasonable accommodations? Y / N

4. If hired, can you provide proof that you are eligible to work in the U.S.? Y / N

5. Have you ever been discharged by an employer? If yes, please explain all terminations. Y / N

6. List all periods of unemployment and how you spent this time: _____

7. Do you have other commitments to another employer, or school that might affect your employment at the Co-op? If yes, please explain. Y / N

8. Do you have skills or experience in the following areas?

Cashiering	Y / N	Natural Foods	Y / N
Produce	Y / N	Customer Service	Y / N
Restaurants	Y / N	Retail Merchandising	Y / N

Applicant Note

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract.

Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of race, color, creed, religion, national origin, sex, marital status, status with regards to public assistance, member of a local commission, the presence of disabilities, sexual orientation, or age, or any other characteristics protected by law. All applications are held for 6 months. If after that you wish to be considered for employment within this company, another application must be completed.

EMPLOYMENT HISTORY

Your application may not be considered unless every question is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical.

List in order from most recent.

May we contact? Y / N	Company Name: _____	
City: _____	State: _____	Phone #: _____
Duties:		
Supervisor Name: _____	Pay Rate: _____	
Dates of Employment: Start _____	End: _____	
Reason for leaving: _____		

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May we contact? Y / N	Company Name: _____	
City: _____	State: _____	Phone #: _____
Duties:		
Supervisor Name: _____	Pay Rate: _____	
Dates of Employment: Start _____	End: _____	
Reason for leaving: _____		

Drop this application off at 121 W. 2nd St, Winona or fax it to (507) 457-0511. Applications are kept on file for 6 months. Applicants are welcome to re-apply in 6 months. If you have any additional questions, please email us at: info@bluff.coop

Certification and Release

I certify that I have read and understand the applicaton note on page one of this form and that the answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omission or misrepresentation of facts called for in this application my result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents to verify any of this information. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and herby release any said person, schools, companies and law enforcement authorities any liability for any damage whatsoever for issuing this information. I agree that if I am employeed, my employment shall not be construed as being for any definite period of time, but will be for an indefinite period, terminable at will by the company or me.

Signed: _____

Date: _____

Bluff Country Co-op practices Fair Trade & believes good food is for everyone. We make our food accessible to as many people as possible, not just a select few. We also believe in providing legendary service. Our goal is to provide the kind of unique and genuine sort of personal care and attention that our customers tell stories about.

Thank you for your application!

Office Use Only

Job Group:

- Front End / Cashier
- Deli
- Produce
- Grocery
- Health & Body Care
- Receiving
- Other _____

Disposition Information:

- Not Interviewed - initials _____
- Date of Interview _____
- Job Offered / Rejected
- Interviewed, not hired initials _____
- Interviewed, hired date of hire: _____
- Other _____



121 W. 2nd St, Winona MN 55987
Tel: 507-452-1815 Fax: 507-457-0511
www.bluff.coop info@bluff.coop

OPEN DAILY

Monday - Saturday 8am-8pm
Sunday 10am-8pm