



20 East 1<sup>st</sup> St - PO Box 813  
 Grand Marais, MN 55604  
 Phone (218) 387-2503 – Fax (218) 387-1768  
 www.cookcounty.coop

**APPLICATION FOR EMPLOYMENT**

**Mission Statement:** The Cook County Whole Foods Co-op is a member owned community grocery, working to create a healthy and sustainable society.

Today's date: \_\_\_\_\_

**Personal Information:**

|                         |                  |   |          |
|-------------------------|------------------|---|----------|
| Name (last name, First) |                  |   |          |
| Present Address         | City             | State   | Zip Code |
| Permanent Address       | City             | State   | Zip Code |
| E-mail Address          | Telephone Number | Time most likely to be reached<br>__9am-12pm __12pm-3pm __3pm-6pm |          |

If hired, can you show evidence of your right to work in the US? Yes \_\_\_ No \_\_\_

**Employment Information:**

1. Position desired \_\_\_\_\_
2. Check any area listed below in which you have skills or experience:
  - a. Cash Register \_\_\_
  - b. Food service \_\_\_
  - c. Produce \_\_\_
  - d. Cooperatives \_\_\_
  - e. Nutrition \_\_\_
  - f. Customer Service \_\_\_

For each item checked above, please state where and when you acquired these skills and experiences:

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3. Date you are available to start work: \_\_\_\_\_
4. If there are any hours you can not work, what are they? \_\_\_\_\_
5. Max number of hours a week you can work: \_\_\_\_\_
6. Minimum number of hours a week you can work: \_\_\_\_\_
7. What are your pay requirements? \_\_\_\_\_
8. Have you ever applied for work at the Co-op before? Yes \_\_\_ No \_\_\_

9. Are there any other experiences or skills you feel would especially qualify you to work for the Co-op?

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**Education and Training:**

|                                  |          |                 |                  |
|----------------------------------|----------|-----------------|------------------|
| School Name                      | Location | Years completed | Did you graduate |
|                                  |          |                 |                  |
|                                  |          |                 |                  |
| Other training or certification  |          |                 |                  |
| U.S. Military or Naval Services? |          | Branch          | Rank             |

**Former Employers:**

| Date: Month/Year of employment | Name and phone number of past employer | Position | Reason for Leaving | Contact Name/phone # |
|--------------------------------|--|----------|--------------------|----------------------|
| To:<br>From:                   |  |          |                    | Name:<br>Phone:      |
| To:<br>From:                   |  |          |                    | Name:<br>Phone:      |
| To:<br>From:                   |  |          |                    | Name:<br>Phone:      |
| To:<br>From:                   |  |          |                    | Name:<br>Phone:      |

If you are currently employed may we contact your present employer? Yes \_\_\_\_ No \_\_\_\_

Below, give the name of two personal references, not related to you, whom you have known for at least a year:

| Name | Phone | Job Title | How acquainted and for how long |
|------|-------|-----------|---------------------------------|
|      |       |           |                                 |
|      |       |           |                                 |

**Profile Information:**

1. How would working at the Co-op fit into your future, career or personal plans?

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2. Are you a member of the Co-op? Yes \_\_\_\_ No \_\_\_\_

3. How are you familiar with cooperative groceries and related products?

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4. Why do you wish to work at the Cook County Co-op?

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5. What does it mean to provide GREAT customer service as part of your job?

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I authorize my present and former employers (unless otherwise indicated on this application) to release to the co-op any information concerning my employment, including my job performance. Further, I release all these parties from liability for any damage, (except what 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 satisfaction for dismissal if discovered at a later date.

I understand that employment with the Co-op is for no definite period of time. Both the Co-op and its employees have, at all times, the right to terminate the employment relationship.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date



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**Applicant: Do not write on this page**

| Remarks/Comments      |                       |                             |               |
|-----------------------|-----------------------|-----------------------------|---------------|
|                       |                       |                             |               |
|                       |                       |                             |               |
|                       |                       |                             |               |
|                       |                       |                             |               |
| Date Position Offered | Department / Position | 1 <sup>st</sup> Day of Work | Salary / Wage |
|                       |                       |                             |               |

**APPROVAL SIGNATURES**

| Department Manager | Date | General Manager | Date |
|--------------------|------|-----------------|------|
|                    |      |                 |      |

**PERSONNEL**

| Date of Orientation | Personnel Administrator | Date Payroll information input into database | Payroll Clerk |
|---------------------|-------------------------|--|---------------|
|                     |                         |  |               |