

COOK COUNTY

20 E 1st St · PO Box 813 · Grand Marais, MN

55604

218-387-2503

cookcounty.coop/employment

Employment Application

Personal Information

Address	City	State	Zip	
E-mail	Phone	Time most likely to be reached: 9am-12pm 12pm-3pm 3pm-6pm		
f hired, can you shov	v evidence of your right	to work in the US? //	′ □Yes □No	
Employment Inf	formation			
Position desired:				
Check any area listed	below in which you hav	ve skills or experience:		
□ Cash Register	□ Food service	☐ Produce		
☐ Cooperatives	☐ Nutrition	☐ Customer Service		
For each item checke and experiences:	ed above, please state w	here and when you ac	quired these ski	
	ailable to start work?			
	you cannot work, what	=		
	hours a week you can v			
	hours a week you can w	/ork?		
What are your pay re	quirements?			



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Have you e	ver applied for worl	k at the Co-op be	efore? // □ Ye	es 🗆 No	
Are there a for the Co-	ny other experience op?	es or skills you fe	el would especia	lly qualify you	to work
Educatio	on and Training	J			
School Name		Location	Number o	Number of completed years	
1.					
2.					
3.					
Other training o certifications:	or .				
Former E	Employers				
Duration of Employment (MM/YY)	Business Name	Position	Reason for Leaving	Contact for a Reference	
Start: End:				Name: Phone:	
Start: End:				Name: Phone:	
Start: End:				Name: Phone:	



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Start: End:			Name: Phone:		
-	rrently employed, O □ Not Applicab	_	t your present employer? ed		
Reference	es				
Provide the r least a year:	name of two refer	ences, not relate	ed to you, whom you have known	for a	
Name	Phone	Job Title	How acquainted and for how long?		
Profile Information					
Are you a me	ember of the Co-o	p? // □ Yes	□No		
How would v	vorking at the Co-	op fit into your	future, career, or personal plans?		
How are you	familiar with coo	perative groceri	es and related products?		



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Why do you wish to work at Cook County Co-op?			
What does it mean to	provide GREAT customer service	e as part of your job?	
Authorization & S	Signature		
application) to release including my job perfo	nt and former employers (unleade to the co-op any information ormance. Further, I release all the tresulting from misrepresental stion.	n concerning my employment, ese parties from liability for any	
and complete to the b significant omissions	ded on this application (and acco est of my knowledge. I understa may disqualify me from furth n for dismissal if discovered at a	and that falsified information or ner consideration and may be	
-	loyment with the Co-op is for no loyees have, at all times, the righ hip.	•	
Applicant Signature			
Date			



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Administrative Use (applicant – leave this blank)

Comments & Remarks					
Hiring Information	Hiring Information				
Date Position Offered	Department / Position 1st Day of Work		Salary / Wage		
Approval Signatures					
Dept. Manager	Date		General Manager	Date	
HR					
Date of Orientation	Personnel Administrator		Date Payroll information input into database	Payroll Clerk	