

Application For Employment

Natural Foods Bakery ~ Grocery ~ Deli

Date Hired: _____

Position: _____

Starting Date: _____



www.staffoflifemarket.com

1305 Water Street, Santa Cruz, CA 95062
831-423-8632

FOR OFFICE USE ONLY

Interviewed by _____ Date _____

Remarks:

Work availability _____ Related Exp. _____

Date employment terminated _____

Reason _____

If dismissed for cause, approved by: Manager _____ Dept. Mgr _____

PERSONAL INFORMATION

Name _____

Present address _____ Phone No. _____

Permanent address _____ Phone No. _____

Social security number _____ Are you a U.S. Citizen? _____

Referred By: Store Sign _____ Staff Worker _____ Craig's List _____ Other _____

Position _____ Date you can start _____

For all following questions with a yes or no, please circle one, and answer fully if applicable.

Are you presently employed? _____ No

If yes, please specify _____ Yes

If so, may we inquire of your present employer? _____ No

Name/Phone No. _____ Yes

We only hire for 5 shifts per week. If there are times when you are not available, please list them.

Have you ever been employed in a (a) retail store? (b) restaurant/deli? (c) bakery? _____ No

If yes, please specify _____ Yes

Do you have experience in working a cash register? _____ No
If yes, please specify where, how long _____ Yes

If applying for the deli, have you any food service experience? _____ No
If yes, please specify _____ Yes

How many different jobs have you had in the past five years? _____

Which of your past jobs did you like the best? _____
Why? _____

Have you ever received any promotions or merit raises? _____ No
Please explain _____ Yes

Have you ever supervised the work of others? _____ No
Please specify _____ Yes

Are there any past jobs that you really did not like? _____ No
If yes, please explain _____ Yes

Were you ever treated unfairly in a job? _____ No
If yes, please explain _____ Yes

Were you ever fired from a job? _____ No
If yes, please explain _____ Yes

Ever been interviewed by this Company before? _____ No
If so when? _____ Yes

How long of a commitment can you make to working at Staff of Life? _____

Are you willing to work weekends and holidays? _____ No
If not, please explain _____ Yes

Are you willing to work odd hours, early or late, if necessary? _____ No
If not, please explain _____ Yes

PHYSICAL RECORD

Do you have any physical problems that preclude you from performing any work for which you are being considered? _____ No
If yes, please specify _____ Yes

Have you any defects in hearing? _____ In vision? _____ In speech? _____ No
Back problems? _____ Yes

Have you ever received Worker's Compensation or Disability Income payments? _____ No
If yes, describe _____ Yes

In case of emergency contact: _____

:

EDUCATION

	<u>Name and Location</u>	<u>Yrs. Attended</u>	<u>Date Grad.</u>	<u>Subjects Studied</u>
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other	_____	_____	_____	_____

Other Special Study, Research or Travel during the last 3 years: _____

Have you any experience in dealing with the public? No

If yes, please specify _____ Yes

What are your special interests?

Please specify _____

Do you have an interest in natural foods? Please specify _____

Why would you like to work here? _____

Summarize special skills and qualifications acquired from employment or other experience _____

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? No

If yes, describe in full _____ Yes

This form has been designed to comply with state and federal fair employment practice laws prohibiting discrimination on the basis of an applicant's sex or minority status. Questions directly or indirectly reflecting such status have been included ONLY where needed to determine a bona fide occupational qualification.

Staff of Life does not employ tobacco users. I certify that I do not use tobacco products.

Signature _____ Date _____

EMPLOYMENT EXPERIENCE

(If you need additional space, please continue on the last page of the application)

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason For Leaving				
Employer	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason For Leaving				
Employer	Telephone ()	Dates Employed		Work Performed
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Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason For Leaving				

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that a probationary period for all employment with the Staff of Life is one hundred and eighty (180) days. During this time, the Staff of Life reserves the right to dismiss an employee without cause. This, however, does not mean that after a 6 month probationary period, the worker is not subject to the same scrutiny and evaluation.

Date _____ Signature _____