

Lakes Community Cooperative

Thank you for your interest in becoming a team member at Lakes Community Cooperative, we require that you take the following steps in filling out the application.

1. Fill out all forms completely
2. References are required to consider your application.
3. Any areas that do not apply should be marked n/a

Any incomplete applications will not be considered.

APPLICATION FOR EMPLOYMENT

Date of Application _____ Position Applied For _____

Referral Source: Advertisement Friend Walk-In Other _____

Name _____

FIRST MI LAST

Address _____

NUMBER & STREET CITY STATE ZIP

Telephone Numbers: Day () ____ - ____ Night () ____ - ____ Email Address: _____

Are you at least 16 years of age? [Yes] [No Are you at least 18 years of age? [Yes] [No

Are you able to perform the essential functions of the job for which you applied? [Yes] [No

Have you ever been employed with Lakes Community Cooperative? [Yes] [No

If yes, give dates: From _____ To _____ Location: _____

Do you have any relatives currently working for the Lakes Community Cooperative? [Yes] [No

If yes, give name, location and position: _____

Are you available to work [Full-time] [Part-time

Are you available to work *Days [Yes] [No *Evenings [Yes] [No *Over-Nights [Yes] [No

*Weekends [Yes] [No *Holidays [Yes] [No

On what date would you be available to begin work? _____

Can you travel if a job requires it? [Yes] [No

EDUCATION

	Please print name, city & state for each school listed	Did you Graduate? (check one)	Diploma/Degree
HIGH SCHOOL		YES NO	
COLLEGE		YES NO	
OTHER		YES NO	

SPECIAL SKILLS AND QUALIFICATIONS

Are you Serve Safe Certified [Yes] [No Expiration Date _____

Other _____

EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Include military service assignments.

1.

Past Employer	Job Title	Employment Dates FROM: TO:
Address	Supervisor	
Telephone Number(s) () - () -	Duties and Responsibilities	
Reason for Leaving		

2.

Past Employer	Job Title	Employment Dates FROM: TO:
Address	Supervisor	
Telephone Number(s) () - () -	Duties and Responsibilities	
Reason for Leaving		

3.

Past Employer	Job Title	Employment Dates FROM: TO:
Address	Supervisor	
Telephone Number(s) () - () -	Duties and Responsibilities	
Reason for Leaving		

4.

Past Employer	Job Title	Employment Dates FROM: TO:
Address	Supervisor	
Telephone Number(s) () - () -	Duties and Responsibilities	
Reason for Leaving		

Personal References

List Three References Who Are **Not Relatives or Previous Supervisors**

May we contact references Y N

Name	Address	Phone Number	Occupation	Years Known

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed six months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate discharge. I understand also, that I am required to abide by all rules and regulations of the employer. I understand that some positions with the Lakes Community Cooperative require a pre-employment drug tests. (If required, you will be informed prior to employment.) I also understand that some positions require the examination of driving records prior to employment. I understand that if hired by the Lakes Community Cooperative my employment is **at will** and may be severed by either party at any time with or without cause. I understand that neither this document nor an offer of employment from the Lakes Community Cooperative constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

X

Applicant's Signature

Date

Applicant Do Not write below above line

REFERENCE CHECK

Hiring Manager be sure to record the following information obtained from the reference call.

1.

Company Contacted	Person Contacted	Date of Contact
Dates of Employment FROM: TO:	Position Held	

Would you rehire? YES [] NO [] Reason for leaving: _____

Reference check performed by _____ Title _____

2.

Company Contacted	Person Contacted	Date of Contact
Dates of Employment FROM: TO:	Position Held	

Would you rehire? YES [] NO [] Reason for leaving: _____

Reference check performed by _____ Title _____

3.

Company Contacted	Person Contacted	Date of Contact
Dates of Employment FROM: TO:	Position Held	

Would you rehire? YES [] NO [] Reason for leaving: _____

Reference check performed by _____ Title _____