



APPLICATION FOR EMPLOYMENT

MAILING ADDRESS: 1600 E Madison, Seattle WA 98122 • PHONE: (206) 329-1545 • FAX: (206) 329-9957

DIRECTIONS: Please print clearly in ink. Complete all sections thoroughly. Do not write "see attached resume." If you wish, you may attach a resume or other supplemental materials to the completed application. To request accommodation for a disability in order to participate in the application or hiring process, please call (206) 329-1545.

APPLICANT INFORMATION

Name: _____ Social Security #: _____
first middle last

Address: _____ Phone: (____) _____
number and street apt. # day

_____ Phone: (____) _____
city state zip code evening/message

How did you learn of employment opportunities at Madison Market? _____

Are you over 18 years of age? (If no, a work permit will be required.) Yes No

Are you legally eligible for employment in the United States? (If hired, verification will be required by law.) Yes No

Have you ever been convicted of a felony? (Conviction will not necessarily disqualify you as an applicant.) Yes No

If yes, please describe conditions: _____

APPLICATION PROCEDURE

Central Co-op's Madison Market only accepts applications for posted job openings. Please list the job opening(s) for which you would like to be considered:

If you submit an application in response to a posted job opening for which you are not selected, your application will remain on file for 6 months. During this time, if you wish to apply for another position, you may submit a letter of interest to Human Resources and your application will be transferred.

PLEASE NOTE: Most positions at Madison Market include lifting, carrying or pushing weights in excess of 20 pounds as a normal part of job responsibilities.

EMPLOYMENT AVAILABILITY Please indicate your availability for work:

Date available to begin work: _____

List hours you are available to work (please specify by day):

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM							
TO							

EDUCATION & TRAINING

	NAME & LOCATION OF SCHOOL	# YEARS/DATE COMPLETED	MAJOR/COURSE OF STUDY	DIPLOMA/DEGREE
HIGH SCHOOL				
COLLEGE, TRADE OR BUSINESS SCHOOL				

List additional workshops, seminars, continuing education courses, certification programs, etc.: _____

EMPLOYMENT HISTORY List your employment record in chronological order, beginning with your current or most recent employer. List all past grocery industry experience. Attach additional pages if necessary.

Name/Type of Business: _____ Phone: (____) _____

Address: _____ May we contact? Yes No
number and street city state zip code

Name and Title of Supervisor: _____

Employed from ____ / ____ / ____ to ____ / ____ / ____ Hourly wage/salary from _____ to _____

Job Title: _____ Reason for Leaving: _____

Job Duties and Responsibilities: _____

Name/Type of Business: _____ Phone: (____) _____

Address: _____ May we contact? Yes No
number and street city state zip code

Name and Title of Supervisor: _____

Employed from ____ / ____ / ____ to ____ / ____ / ____ Hourly wage/salary from _____ to _____

Job Title: _____ Reason for Leaving: _____

Job Duties and Responsibilities: _____

Name/Type of Business: _____ Phone: (____) _____

Address: _____ May we contact? Yes No
number and street city state zip code

Name and Title of Supervisor: _____

Employed from ____ / ____ / ____ to ____ / ____ / ____ Hourly wage/salary from _____ to _____

Job Title: _____ Reason for Leaving: _____

Job Duties and Responsibilities: _____

VOLUNTEER EXPERIENCE List any community involvement or volunteer experience beginning with your current or most recent experience. Attach additional pages if necessary.

Organization: _____ Phone: (____) _____

Address: _____ May we contact? Yes No
number and street city state zip code

Volunteered From ____ / ____ / ____ to ____ / ____ / ____ Name of Volunteer Coordinator: _____

Job Title: _____ Reason for Leaving: _____

Job Duties and Responsibilities: _____

PERSONAL REFERENCES List three people (excluding relatives or employers) who have known you for at least one year.

Name: _____ Phone: (____) _____
Address: _____ May we contact? Yes No
number and street city state zip code
Occupation: _____ Years of acquaintance: _____

Name: _____ Phone: (____) _____
Address: _____ May we contact? Yes No
number and street city state zip code
Occupation: _____ Years of acquaintance: _____

Name: _____ Phone: (____) _____
Address: _____ May we contact? Yes No
number and street city state zip code
Occupation: _____ Years of acquaintance: _____

EMPLOYMENT REFERENCES If you are selected for an interview, you will be asked to provide us with a list of up to three of your previous supervisors that are willing to give you an employment reference.

PLEASE READ BEFORE SIGNING

Equal Employment Opportunity

Madison Market is an Equal Opportunity Employer. All applicants will be considered for employment regardless of race, creed, color, sex, marital status, sexual orientation, age, religion, national origin, veteran status, medical condition, disability, or any other status protected by law.

Co-op Rules and Regulations

I understand that Central Co-op's Madison Market is not a Worker Collective, and that I must abide by all terms and conditions of employment, including adherence to company policies and procedures, both those that are in effect at the time of my hiring and that may be implemented at any point in my employment.

Release of Information

In conjunction with this application, I authorize my former employers, schools, law enforcement agencies and branches of the military to release information they may have about me. I release all parties supplying such information and Madison Market from any liability arising out of the release of any information.

Introductory Period

I understand that if hired by Central Co-op's Madison Market, I will be subject to a 60 day trial period. During this period, my employment may be terminated for any reason and at the end of this period, my performance will be evaluated.

Obligation to join Union

I understand that by accepting employment at Central Co-op's Madison Market, I may be required to join and pay dues to a Union Bargaining Unit associated with my position within 60 days of starting work.

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize Madison Market to verify any of the facts set forth in this application and release Madison Market from any liability.

Applicant's Signature: _____ Date: _____

Print Name: _____