



Market

Application for Employment

Please complete the entire application. You may attach a resume, but all questions must be fully completed on the application for full consideration.

BACKGROUND INFORMATION

Name (First)	(Last)	Today's Date		
Email Address	Phone Number () -		Alternative Phone () -	
Mailing Address	City	State	Zip	Years at Address
Date of Birth MM / DD / YY	Can you furnish documentation that you are authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Position(s) Desired	Date Available	Are you interested in full-time or part-time work? <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Any Available		
Availability (at least one weekend day required) <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Weds <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Mornings <input type="checkbox"/> Evenings				
Desired Hours (Per Week)	Desired Pay (Per Hour)	Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you applied to Yes! before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
Have you ever been employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide when, which location, and the name of your supervisor.		
Please list any relatives or friends employed with Yes! Organic Market within the past 2 years.				

EDUCATION

Name of School	Location	# of Years Attended	Graduated?
High School			
College			
Other			

EMPLOYMENT HISTORY

PLEASE LIST YOUR LAST TWO EMPLOYERS, STARTING WITH THE CURRENT/MOST RECENT.

Employer		Phone Number () -		
Mailing Address	City	State	Zip	
Your Job Title	Your Job Duties			
Supervisor's Name	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours worked per week	Date Employed From MM / YY	Date Employed To MM / YY
Starting Pay	Ending Pay	Reason for Leaving		

Employer		Phone Number () -		
Mailing Address	City	State	Zip	
Your Job Title	Your Job Duties			
Supervisor's Name	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours worked per week	Date Employed From MM / YY	Date Employed To MM / YY
Starting Pay	Ending Pay	Reason for Leaving		

Why do you want to work for Yes! Organic Market?

Please list any additional skills, qualifications or information you'd like us to know.

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I understand and agree that, if hired, I must complete a 180 day probationary period. During this probationary period, either party may terminate employment without cause. After the probationary period is complete, continued employment is dependent upon successful performance of the employee and the company."

Signature:	Date:
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