



**ORCAS FOOD  
CO-OP**

## Application for Employment

It is the policy of The Orcas Food Cooperative (The Co-op) that except where an occupational qualification exists, recruitment, employment, promotion, compensation, and other programs sponsored by The Co-op, will be administered without regard to race, creed, color, sex, sexual orientation, gender identification, political affiliation, religion, marital status, national origin, status with regard to public assistance, physical or mental disability, or age.

Thank you for your interest in becoming a part of the Orcas Food Co-op team. We look forward to reviewing your application materials!

### Basic Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Position applying for: \_\_\_\_\_ Date available to start work: \_\_\_\_\_  
 Are you interested in other positions at the Co-op? \_\_\_\_ Any pay requirements? \_\_\_\_\_  
 Where did you hear about job openings at the Co-op? \_\_\_\_\_

### Scheduling & Availability

What is the maximum number of hours you could work per week? \_\_\_\_\_ Minimum hours? \_\_\_\_\_  
 Do you expect changes in your availability in the next 6 months? If yes, explain. \_\_\_\_\_

Do you have any other commitments (like employment or school) that might affect your availability? If so, explain:

Please indicate if and when you'd be available to work for each day of the week.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**Please send completed application along with any supplemental resume, cover letter or letters of recommendation to Orcas Food Co-op, PO Box 913, Eastsound, WA 98245 or email to the General Manager at [learner@orcasfood.coop](mailto:learner@orcasfood.coop)**



# ORCAS FOOD CO-OP

## Employment History

Please list in order, beginning with the most recent or present employer.

### Employer 1

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Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Rate(s) of pay: \_\_\_\_\_

Position(s) held \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? \_\_\_\_\_

### Employer 2

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Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Rate(s) of pay: \_\_\_\_\_

Position(s) held \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? \_\_\_\_\_

### Employer 3

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Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Rate(s) of pay: \_\_\_\_\_

Position(s) held \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? \_\_\_\_\_

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# ORCAS FOOD CO-OP

## Questionnaire

What experience do you have with Cooperatives, Natural Foods, Customer Service, and Food Service? \_\_\_\_\_  
\_\_\_\_\_

Why would you like to work at the Orcas Food Co-op? \_\_\_\_\_  
\_\_\_\_\_

What specific experience do you have related to the position for which you are applying? \_\_\_\_\_  
\_\_\_\_\_

One of the most important parts of all positions at the Orcas Food Co-op is excellent customer service. What is your experience and/or philosophy regarding interacting with customers? \_\_\_\_\_  
\_\_\_\_\_

We're always looking for ways to make the Orcas Food Co-op a stronger place. How will your personal strengths and/or leadership experience add to our cooperative? \_\_\_\_\_  
\_\_\_\_\_

*\*Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony or have you ever had to register as a sex offender?  Yes  No*

*If yes, please give the date, place, and nature of offence. (An affirmative answer will not automatically disqualify you from consideration for employment.) \** \_\_\_\_\_

*\*By signing below I authorize the Orcas Food Co-op to check my criminal convictions records:*

*\** \_\_\_\_\_

*If hired, could you show evidence of your right to work in the United States?  Yes  No*

*I authorize my present and former employers (unless otherwise stated on this application) to release to the Orcas Food Co-op any information concerning my employment, including my job performance. Further, I release all these parties from liability for any damage, (except that resulting from misrepresentation) which might result from furnishing this information.*

*The information provided on this application is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me from further consideration and may be considered justification for dismissal if discovered at a later date.*

*I understand that employment at the Orcas Food Co-op is for no definite period of time. The Orcas Food Co-op and its employees have at all times the right to terminate the employment relationship.*

*\** \_\_\_\_\_

Applicant Signature

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