



Keweenaw Co-op Market & Deli

1035 Ethel Avenue
Hancock, MI 49930

906.482.2030 Store
906.482.7845 Fax
info@keweenaw.coop
www.keweenaw.coop

Employment Application

Name _____ Date _____

Address _____ City _____ Zip _____

Phone () _____ Cell Phone () _____ E-mail _____

Thank you for your interest in Keweenaw Co-op Market & Deli (KCI). We appreciate your time. Please let us know what positions(s) and hours most interest you (on the right).

You should know that:

- Employees work at least one weekend day per week,
- KCI does not have seasonal or short term employment,
- Most employees have a typical or routine schedule, but shifts and hours subject to change, and
- If needed, we can provide you assistance to complete this application.

This application is intended for use in evaluating your qualifications for employment. This is not an employment contract. When you sign this application (on the last page), you promise that the information is true, correct and complete. All qualified applicants will receive consideration without regard to race, color, creed, religion, national origin, gender, marital status, status with regard to public assistance, membership in a local commission, the presence of disabilities, sexual orientation, age, or other characteristics protected by law. In addition to the application, other assessments, including, but not limited to, interview, background verification and reference verification may be required prior to employment. This application will be considered active for sixty days. If you wish to be considered for employment after sixty days, or for a different position, you may have to complete another application.

Curt Webb
General Manager

Example:

Ideal number of hours per week:

12 20 30 40

Cashier

8-2 11-6 2-8:30

Ideal number of hours per week:

12 20 30 40

All positions work at least one weekend day/week

↓ Check all that apply ↓

Any Position

morning evening

Cashier

8-2 11-6 2-8:30

Operations

7:30-2 2-8:30

Janitorial/Maintenance

morning afternoon evening

Deli Cook

8-2 2-8

Deli Counter Service

8-2 12-6 2-9

Produce

8-2:30 10-4:30

12-6:30 2-8:30

Health & Body Care

week-days week-nights week-ends

Where did you hear about this job? _____

What days and times are you not available? _____

If you are offered a position, when can you start? _____

1.) Are you an Owner of the Keweenaw Co-op? yes no
How knowledgeable are you of Cooperatives?

2.) How familiar are you with the products the Co-op presently carries?

3.) Describe your experience in retail and/or natural foods:

4.) What are your most relevant employment positions?

- What were your duties?

5.) List any other experience or personal characteristics that you think make you well-suited for employment at the Co-op.

References - Give the names of three persons not related to you, whom you have known at least one year

Name	Address and Phone Number	Business	Years Known

Work Experience

Please provide employment history for at least the past 3 years. Use additional sheets if needed.

Current or Most Recent Company _____

City _____ State _____ Phone _____

Position _____ Employed from _____ to _____

Duties _____

Reason for leaving _____

Supervisor _____ Supervisor's Title _____

May we contact them? yes no

Company _____

City _____ State _____ Phone _____

Position _____ Employed from _____ to _____

Duties _____

Reason for leaving _____

Supervisor _____ Supervisor's Title _____

May we contact them? yes no

Company _____

City _____ State _____ Phone _____

Position _____ Employed from _____ to _____

Duties _____

Reason for leaving _____

Supervisor _____ Supervisor's Title _____

May we contact them? yes no

Education

School/Program	Location	Graduate?	Degree/License
		<input type="checkbox"/> yes	
		<input type="checkbox"/> yes	
		<input type="checkbox"/> yes	

Do you have a legal right to work in the United States?

yes no

Are you over 18 years?

yes no

Are you able to perform the essential duties of the position with or without a reasonable accommodation? (If you have any questions about the functions of the job, please ask the interviewer before answering this question.)

yes no

Is anyone related to you employed by Keweenaw Co-op?

yes no

Have you been convicted of a crime in the past seven years?

* yes no

*If yes, please explain:

A record of criminal conviction does *not* automatically exclude a candidate from consideration. Convictions will be evaluated based on the circumstances of the conviction and the position.

Certification and Release

I certify that I have read and understand this entire application and that the answers and statements given by me are true and correct to the best of my knowledge. I understand that any false information on the facts called for in this application may result in rejection of my application, or, if hired, immediate termination of employment.

I understand that submission of an application does not guarantee employment. I understand that none of the documents, policies, procedures or actions used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Keweenaw Co-op has the authority to enter into any agreement guaranteeing any conditions of employment.

In consideration from employment with Keweenaw Co-op, if employed, I agree to conform to the rules, regulation, policies and procedures of Keweenaw Co-op at all times and understand that such obedience is a condition of employment. I understand that if offered a position with Keweenaw Co-op, I may be required to submit to a background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of this pre-employment check will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Keweenaw Co-op and/or any of its representatives or agents and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signed _____ Date _____

Name (printed) _____