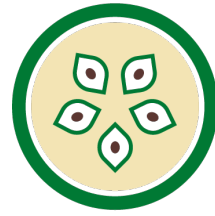




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**hudson  
grocery  
CO-OP**

## Employment Application

.... a **FUN** place to work

.... a **HEALTHY** place to shop

.... a great place to **HELP OTHERS**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Plaza 94 Shopping Center  
1701 Ward Ave, Ste 200  
Hudson, WI 54016  
715-377-9913  
[www.hudsongrocery.coop](http://www.hudsongrocery.coop)



Hudson Grocery Co-op is an equal opportunity employer and will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, membership or activity in a local human rights commission, status with regard to public assistance, or any other protected class category covered under state, federal and local laws.

**Please complete the entire application to ensure proper processing. PLEASE PRINT.**

**PERSONAL INFORMATION**

Name:			
Current Address: (Street)		(City)	(State) (Zip)
Telephone: ( )		Email:	
How did you hear about job openings at Hudson Grocery Co-op?			
Have you ever worked under a different name? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No		Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (note: You will be asked to furnish proof of your eligibility to work in the United States if hired.)			
Do you know anyone who works, or used to work, at Hudson Grocery Co-op? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**YOUR INTEREST IN HUDSON GROCERY CO-OP**

Are you applying for a specific job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which: _____		Would you be interested in other jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When could you start?		Pay Desired?	
What is the maximum number of hours per week you would be willing to work?		What is the minimum number of hours per week you would be willing to work?	
Hours available to work. Check any that apply. <input type="checkbox"/> Early Mornings <input type="checkbox"/> Mornings <input type="checkbox"/> Days <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> No preference			
Are there any hours you could not work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: _____		Do you expect to be absent any time in the next 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____	
Do you have any commitments to another employer or school that might affect your employment with Hudson Grocery Co-op? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____			

**EDUCATION**

Please circle highest grade completed: 9    10    11    12    13    14    15    16    17    18+			
High School (name & location)	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of study:	
College/Vocational	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of study:	
Other	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of study:	



**EMPLOYMENT HISTORY**

(Please give an accurate, full-time and part-time employment record. Start with the present or most recent employer.)

Employer:	Telephone:
Address:	Wage or salary: Starting: _____ Final: _____
Supervisors name and title:	Employment: (month/year) From: _____ To: _____
Describe the work you did (include skills you could apply)	Explain reasons for leaving:
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____
Employer:	Telephone:
Address:	Wage or salary: Starting: _____ Final: _____
Supervisors name and title:	Employment: (month/year) From: _____ To: _____
Describe the work you did (include skills you could apply)	Explain reasons for leaving:
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____
Employer:	Telephone:
Address:	Wage or salary: Starting: _____ Final: _____
Supervisors name and title:	Employment: (month/year) From: _____ To: _____
Describe the work you did (include skills you could apply)	Explain reasons for leaving:
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____
Employer:	Telephone:
Address:	Wage or salary: Starting: _____ Final: _____
Supervisors name and title:	Employment: (month/year) From: _____ To: _____
Describe the work you did (include skills you could apply)	Explain reasons for leaving:
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____



**SKILLS AND EXPERIENCE**

Have you been given a job description or had the requirements of the job explained to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand these requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you perform the requirements of this job with or without reasonable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have skills or experience in the following areas? Where and when did you acquire them? Please describe.

Bookkeeping or Computer Skills	Cashiering / Customer Service / Retail Merchandising
Natural / Organic Foods	Meat / Food Service / Produce
Are there other experiences or skills you feel would especially qualify you to work at Hudson Grocery Co-op?	

**REFERENCES**

Name	Occupation	Address	Phone	Years known

**PLEASE READ AND SIGN**

By my signature below I promise that the information provided in this employment application (and accompanying resume or documentation, if any) is true and complete, and I understand that any false or misleading information or significant omissions may disqualify me from further consideration for employment, and may lead to my dismissal from employment, if discovered at a later date. Your application consents to any other pre-employment investigation or test which the company in its discretion may conduct. These may include a post-offer medical exam and/or drug screen, consumer credit reports, driving records and criminal background checks.

I authorize any person, school, current employer, and organization named in this application (and accompanying resume, if any) to prove Hudson Grocery Co-op with any information requested by Hudson Grocery Co-op in connection with any application, and I release such persons and organizations from any legal liability for any damage whatsoever in disclosing such information.

I understand that this application does not create a contract of employment. I understand that, if hired, I am obliged to comply with any and all current and subsequently adopted Hudson Grocery Co-op policies. I understand and agree that, if hired, my employment is for no definite period of time, and may be terminated at any time for any reason, with or without notice.

Signature	Print Name	Date
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Please feel free to attach a resume or any additional information.