



Date of application: _____

Application for Employment

559 Carpenter Lane, Philadelphia, PA 19119

www.weaversway.coop

215-843-2350

Thank you for your interest in working at Weavers Way Cooperative Association. Our growing, successful co-op has a tradition of providing quality foods and other health-related products to its members, and expects all staff to maintain high standards of customer service and cooperation. The Co-op has a variety of positions and work shifts seven days a week, from morning to evening. We accept applications on a rolling basis and will contact you if your background seems to fit an open position. We do not and will not discriminate on the basis of race, religion, national origin, sex, sexual orientation, age, disability, marital status, or veteran status. In completing this application, please be as specific as you can and feel free to submit additional information, a cover letter or a resume on separate sheets.

Equal access to programs, services and employment is available to all persons. Applicants requiring reasonable accommodations to the application and/or interview process should contact Human Resources.

PLEASE COMPLETE ENTIRE APPLICATION. Please print all information requested except for signature.

Name _____
Last First Middle

Present address _____
Number Street City State Zip

Telephone: home (_____) _____ - _____ cell (_____) _____ - _____

E-mail address _____

If under 18, please list age _____ If you are under 18 years old you will be required to furnish working papers.

Are you legally eligible for employment in this country? Yes/No

For driving positions only, do you have a valid drivers license? Yes/No

Location (check all that apply) Ambler Mt. Airy Chestnut Hill Weavers Way Farms

Position applied for (1) _____

Position applied for (2) _____

When available for work? _____ How many hours can you work weekly? _____

What is your availability to work: _____ before 9:00 am weekdays? _____ after 5:00 pm weekdays? _____ weekends?

Employment desired (check all that apply) ___ Full-Time ___ Part-Time ___ Temporary ___ Seasonal

Employment History

Please summarize any experience in retail or customer service (including cashier positions).

Please list three previous positions you have held that are most relevant to employment at the Co-op and/or best highlight your skills and experience.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates
		From To
	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this employer.		
What did you like most about this position?		
What were the things you liked least about the position?		

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What did you like most about this position?		
What were the things you liked least about the position?		

Skills and Qualifications

Please summarize any special training, education, skills and/or certificates that may assist you in working at the Co-op. (Special skills may include such activities as driving trucks over 20' in length, farming, accounting, bookkeeping, teaching, merchandising or relevant volunteer work.)

Are you currently, or have you been in the past, a member of Weavers Way Co-op? Yes/No

If **yes**, (a) how long have you been a member? _____

(b) what kinds of work have you done for your member work hours?

Are you related to any current Weavers Way employee? Yes/No If **yes**, in what way? _____

What has your involvement been with co-ops elsewhere? _____

What is your particular interest in working at Weavers Way Co-op? _____

Educational Background

School (include City and State)	Years Completed	Degree/Certificate	Subjects Studied

Professional References: (These should be three people not related to you whom you have known at least one year, particularly those who could speak to your work experience or skills. Listing them gives your approval for us to contact them.)

Name of Reference	How does this person know you?	Phone Number (required)

Please Read Before Signing

Accuracy of Information

I certify that all the information submitted by me on this application is true and complete to the best of my knowledge, and I understand that this application, if I am employed by Weavers Way Co-operative, will become part of my personnel file.

Authorization for Release of Information

In connection 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 the Co-op from any liability arising out of the release of any information.

At-Will Employment

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and that the Co-op reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the Co-op is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing expressed language are valid unless they are in writing and signed by the Co-op's General Manager.

Eligibility for Employment

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I certify that I have read, fully understand and accept all terms of the foregoing statements.

Signature of Applicant

Date

Application will be retained for one year.