

EMPLOYMENT APPLICATION for SONNEWALD NATURAL FOODS

Last Name	First	Middle Initial	Date
Address		City	State Zip
E-mail address		Phone Home ()	Cell ()
		Work ()	
Position desired: _____ Full-time _____ Part-time _____ Temporary			
Many tasks are accomplished outside normal hours of operation (10a-6p.) Please list ALL available hours.		Monday	Tuesday
		Wednesday	Thursday
		Friday	Saturday
Date available to start:	Presently employed? Yes No		Pay rate requested:
Employers name:		\$ _____ Per hour	
How were you referred to us?			
<input type="checkbox"/> Friend <input type="checkbox"/> Employee <input type="checkbox"/> Hiring Notice <input type="checkbox"/> General Inquiry <input type="checkbox"/> Other			

WORK EXPERIENCE (Begin with present or most recent employer)

May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Alias used in previous employment if applicable
1. Employer	Complete address	Telephone number
Dates employed (Mo/Yr to Mo/Yr) ____/____/____ to ____/____/____	Salary \$_____ per _____ Average number of hours per week? _____	Name and contact information of supervisor
Your position	Please describe major duties:	
Reason for leaving:		
2. Employer	Complete address	Telephone number
Dates employed (Mo/Yr to Mo/Yr) ____/____/____ to ____/____/____	Salary \$_____ per _____ Average number of hours per week? _____	Name and contact information of supervisor
Your position	Please describe major duties:	
Reason for leaving:		
3. Employer	Complete address	Telephone number
Dates employed (Mo/Yr to Mo/Yr) ____/____/____ to ____/____/____	Salary \$_____ per _____ Average number of hours per week? _____	Name and contact information of supervisor
Your position	Please describe major duties:	
Reason for leaving:		

EDUCATION

Name	Major course of study	Degree (s)
High School or Equivalent		
Business or Technical		
College		
Graduate Work		
Other		

OTHER QUALIFICATIONS AND SKILLS

Computer skills? ____ Yes ____ No

If yes, please describe:

Are you willing to hold your team members accountable since we do not have Supervisors here at Sonnewald?

If yes, please describe:

Are you willing to work in all departments at Sonnewald, including receiving, grocery, stocking, wellness, cashier, produce, fridge & freezer?

Can you safely lift 50 pounds?

List any additional skills, accomplishments, community activities, or past experiences you feel would benefit Sonnewald Natural Foods. Please feel free to continue on a separate sheet of paper. (example: Scholastic honors, offices held, high school/college activities, machine skills, public speaking, writing, volunteering, etc.)

PROFESSIONAL LICENSES and CERTIFICATIONS

Licenses and/or certifications	State Issued

REFERENCES (Please list only individuals familiar with your professional or work abilities.)

Name	Telephone and Email	Relationship	Years worked with
1.			
2.			
3.			

PLEASE NOTE SONNEWALD HAS A NO SMOKING OR ECIGARETTE POLICY.

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

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from the utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. If hired, my employment with this company is Employment-At-Will.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature _____ Date _____