



Referred: _____

French Broad Food Co-op EMPLOYMENT APPLICATION

Date Screened: _____
 Screened By: _____

NAME: _____ DATE: _____

Street Address: _____ Home Phone: (____) _____ - _____

City, State, Zip: _____ Work Phone: (____) _____ - _____

How Did You Learn About Openings At FBFC? (Please Check one or more)

Independent Ad ☐ Posted At Store ☐ Current Employee ☐ (His/Her Name: _____) Website ☐ Other ☐

Are you a Consumer Owner at FBFC? YES ☐ NO ☐

Are you at least 18 years old? YES ☐ NO ☐

Have you ever volunteered at FBFC before? YES ☐ NO ☐

Have you ever been employed by FBFC before? YES ☐ NO ☐

PLEASE COMPLETE ALL INFORMATION IN THE SHADED AREA BELOW (use N/A for not applicable)

SCHEDULE INFORMATION

HOW MANY HOURS ARE YOU INTERESTED IN WORKING? Maximum: _____ Minimum: _____ Optimum: _____

WHEN ARE YOU AVAILABLE TO WORK? Write in ALL Possible Hours--Not your ideal schedule! We staff from 7 am to 10 pm.

(Availability to work on at least one weekend day is required by the FBFC)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

ARE THERE TIMES DURING THE WEEK YOU PREFER NOT TO WORK? Check one or more:

No Preference ☐ Mornings ☐ Afternoons ☐ Evenings ☐ Other ☐ _____

DATE YOU ARE AVAILABLE TO START WORK: _____

Do you have any future plans or commitments that might interfere with your schedule at FBFC? (Please Give Dates)

Classes: _____

Scheduled Vacation: _____ Other: _____

PLACE A CHECK MARK TO INDICATE YOUR INTEREST IN WORKING IN THE DEPARTMENTS LISTED BELOW:

(Please indicate all departments you would like to work in, not just those currently advertised.)

Grocery ☐ Produce ☐ Deli ☐ Herbs/Vitamins/Bodycare ☐ Cashier ☐ Administrative ☐

Indicate any department where you have a special interest: _____

Can you lift 50 lbs. intermittently? YES ☐ NO ☐ If you checked Grocery or Produce, can you lift 60 lbs. repeatedly? YES ☐ NO ☐

The FRENCH BROAD FOOD CO-OP is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age, or disability.

Work Experience

Start with present or most recent employer and account for at least past seven years of employment history including periods of unemployment - attach additional pages as needed

Company Name : _____		Phone: (_____) _____ - _____	
Address: _____		Job Title: _____	
Job Duties: _____		Supervisor: _____	
OK to contact?	Yes No	Reason for leaving: _____	
Employed from _____	To _____	Starting Wage _____	Ending _____ Circle: Full-time Part-time Summer

Company Name : _____		Phone: (_____) _____ - _____	
Address: _____		Job Title: _____	
Job Duties: _____		Supervisor: _____	
OK to contact?	Yes No	Reason for leaving: _____	
Employed from _____	To _____	Starting Wage _____	Ending _____ Circle: Full-time Part-time Summer

Company Name : _____		Phone: (_____) _____ - _____	
Address: _____		Job Title: _____	
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Company Name : _____		Phone: (_____) _____ - _____	
Address: _____		Job Title: _____	
Job Duties: _____		Supervisor: _____	
OK to contact?	Yes No	Reason for leaving: _____	
Employed from _____	To _____	Starting Wage _____	Ending _____ Circle: Full-time Part-time Summer

EDUCATION HISTORY				
School	Name and Location of School	Course of Study	# of Years Completed	Did You Graduate?
College	_____	_____	_____	_____
High	_____	_____	_____	_____
Other	_____	_____	_____	_____

I hereby declare that information provided by me in the FBFC Application is true, correct, and complete to the best of my knowledge. I understand that, if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I further understand that my employment with this company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period and thereafter, my employment with FBFC is terminable at will for any reason by either party.

Signature of Applicant: _____ **Date:** _____

GENERAL QUESTIONS--Please Complete the Following

WOULD YOU BE WILLING TO MAKE A ONE YEAR COMMITMENT TO FBFC ?

YES ☐

NO ☐

FURTHER CLARIFICATION OF SCHEDULE ISSUES NEEDED:

YES ☐

NO ☐

If, yes, please detail: _____

LIST ANY SPECIAL SKILLS YOU HAVE WHICH WOULD ASSIST YOU IN PERFORMING ANY POSITION IN WHICH YOU ARE INTERESTED:

DESCRIBE YOUR CUSTOMER SERVICE PHILOSOPHY/APPROACH?

HOW WILL WORKING FBFC FIT INTO YOUR CAREER PLANS? (What type of work would you like to be doing in a year or two?)

WHY DO YOU WANT TO WORK AT FBFC?

SCREENING INTERVIEW QUESTIONNAIRE

[illegible]