



APPLICATION FOR EMPLOYMENT

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, gender, age, national origin, ancestry, physical or mental disability, or veteran status.

PERSONAL DATA

Name _____
Last First Middle Initial

If you have ever used another name, please provide name(s) _____

Present Address _____
Street Apartment # City State Zip

Telephone (Home) _____ Telephone (Cell/Business) _____

Have you ever worked for any department of the Medford Cooperative, Inc.? Yes No

If yes, what department? _____ Dates: From _____ To _____
Month/Year Month/Year

Reason for Leaving _____

Do you have any relatives who currently work for any department of the Medford Cooperative, Inc.? Yes No

If yes, give name, relationship, and department _____

Are you legally eligible for employment in the United States? Yes (proof required) No

Are you over the age of 18? Yes No – If no, please state birth date: _____

Have you ever been convicted of a crime other than a minor traffic violation? (This will not necessarily affect your application.)

Yes No ** If yes, please list all convictions including the date and an explanation: _____

GENERAL INFORMATION

How were you referred to us? Self Employee Referral Online _____ Other _____

Name of referral source _____

Position applying for _____ Full Time Part Time Temporary (Until _____)

Department(s) interested in County Market Ace Hardware Convenience Store Other _____

NOTE: Please DO NOT submit more than one application. If interested in multiple departments, indicate that above.

Preferred Hours	MON	TUES	WED	THURS	FRI	SAT	SUN
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Please list any days or hours you are NOT AVAILABLE for work, including a brief explanation _____

What date would you be available to start work? _____

EDUCATIONAL BACKGROUND

	Name and City	Did You Graduate?	Course or Major
High School			
Technical School			
College or University			
Other			

EMPLOYMENT HISTORY

Are you currently employed? _____ If not, when was your last date of employment? _____

Have you been involuntarily discharged or suspended from employment in the past five years? Yes No

If yes, please provide an explanation: _____

Starting with the most recent employer, list full and part-time jobs, summer or volunteer work. Include periods of military service, self-employment, and unemployment. Please leave no unexplained gaps. Attach separate sheet if necessary.

1.	Company Name	Telephone ()
	Address	Employed (Month and Year) From To
	Supervisor's Name and Title	Earnings Start Last
	Job Title	Reason for Leaving
	Duties (be specific, include equipment operated and supervisory responsibilities, if any.)	

2.	Company Name	Telephone ()
	Address	Employed (Month and Year) From To
	Supervisor's Name and Title	Earnings Start Last
	Job Title	Reason for Leaving
	Duties (be specific, include equipment operated and supervisory responsibilities, if any.)	

3.	Company Name	Telephone ()
	Address	Employed (Month and Year) From To
	Supervisor's Name and Title	Earnings Start Last
	Job Title	Reason for Leaving
	Duties (be specific, include equipment operated and supervisory responsibilities, if any.)	

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EMPLOYMENT HISTORY (Continued)

4. Company Name	Telephone ()
Address	Employed (Month and Year) From To
Supervisor's Name and Title	Earnings Start Last
Job Title	Reason for Leaving
Duties (be specific, include equipment operated and supervisory responsibilities, if any.)	

In addition to your work history, are there other skills, qualifications, or experiences you would like us to consider (you may include volunteer work, school activities and honors, etc.)?

REFERENCES

Name	Years Known	Relationship and Title	
Company			
Address City	State	Home Phone	Work Phone

Name	Years Known	Relationship and Title	
Company			
Address City	State	Home Phone	Work Phone

Name	Years Known	Relationship and Title	
Company			
Address City	State	Home Phone	Work Phone

SPECIAL SKILLS

Check each of the following with which you have had experience:

- Typing (WPM _____)
- CDL Driver
- Other (please list) _____
- Switchboard
- Forklift
- Cash Register
- Stocking

List your strongest qualifications for employment. _____

Why do you want to work for the Medford Cooperative, Inc.? _____

APPLICANT MUST READ AND SIGN

I certify that the information contained in this application is true and complete. I understand that any falsification or omission of information will be sufficient grounds for denial of employment, and if hired, for termination. I understand that employment is conditioned upon verification of the information contained herein.

I authorized the listed employers, schools, and references, as well as any other persons, schools, companies, credit bureaus, state licensing, law enforcement and other governmental agencies, to give the Medford Cooperative, Inc. (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have. I release all parties from all liability, and agree not to file any claim, lawsuit or any other cause of action of any kind against any person or entity arising out of furnishing or use of such information.

In consideration of my employment by the Medford Cooperative, Inc., I agree to learn and conform with the Medford Cooperative, Inc. rules and policies. I further agree that I have the right to terminate my employment with proper notice at any time for any reason, and that the Medford Cooperative, Inc. also retains that right.

I have read and understood the above terms and conditions, and agree to them.

Applicant Signature _____ **Date** _____

FOR OFFICE USE ONLY

Date Application Received _____

If Hired:

Start Date _____ Department _____
Position _____ Salary _____

This application will become inactive one year after the date of receipt.