



Ace Hardware | Cenex Convenience Stores | County Market  
Agronomy | Feed & Grain Services | Propane | Refined Fuels

www.medfordcoop.com | 715-748-2056

# 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 |
|                 |     |      |     |       |     |     |     |

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? \_\_\_\_\_





**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.