



At Bloomingfoods, We love good food and great people. Our mission is to promote local, organic, and natural foods while maintaining an energetic and positive team environment.

Today's Date: _____

First Name: _____

Last Name: _____

Email: _____

Contact Phone: _____

Address: _____

_____ Zip: _____

Are you of legal age to work? Yes No

Which of our locations are you interested in?

- College Mall
- Ivy Tech Campus
- W 6th Street

What employment category would you prefer?

- Full Time
- Part Time

When will you be available to begin work?

_____/_____/_____

Hours of availability:

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Monday: _____

Tuesday: _____

Relevant Employment History

Employer: _____

Phone: _____

Your position: _____

Supervisor name: _____

Hourly rate starting: _____ final: _____

Dates employed: ____/____/____ to ____/____/____
Month Year Month Year

Reason for leaving: _____

May we contact employer? Yes No

Employer: _____

Phone: _____

Your Position: _____

Supervisor name: _____

Hourly rate starting: _____ final: _____

Dates employed: ____/____/____ to ____/____/____
Month Year Month Year

Reason for leaving: _____

May we contact employer? Yes No

Employer: _____

Phone: _____

Your Position: _____

Supervisor name: _____

Hourly rate starting: _____ final: _____

Dates employed: ____/____/____ to ____/____/____
Month Year Month Year

Reason for leaving: _____

May we contact employer? Yes No

What areas of work at the co-op most interest you?

- Grocery Clerk Deli Service Cashier Produce Cooking Administrative

Tell us how you see your knowledge, skills, and abilities being applied in our work at Bloomingfoods:

References

Name/Title: _____

Organization: _____

Contact Phone: _____

Address: _____

Association with you: _____

Name/Title: _____

Organization: _____

Contact Phone: _____

Address: _____

Association with you: _____

Name/Title: _____

Organization: _____

Contact Phone: _____

Address: _____

Association with you: _____

Please read and sign:

By signing my name below, I verify that the information provided in this application (and any accompanying documentation) is true and complete.

I authorize any person, school, current and past employer(s) or organizations named in this application to provide BCS with any information or opinion requested by BCS, and I release such persons and organizations from any legal liability in making such statements.

I understand that this application does not create a contract of employment and that, if hired, I am obligated to comply with any and all current and subsequently adopted BCS policies. I understand that if hired, my employment is for no definite period of time, and may, regardless of the date of payment of my wages or salary, may be terminated at any time for any reason with or without notice. If employed, any misstatement or omission of fact on this application may result in my dismissal.

Signature: _____

Date: ____/____/____