



Boise Consumer Co-op, Inc.
 888 W. Fort St., Boise ID 83702
 208-472-4500 fax 208-489-5221
 www.boisecoop.com

EMPLOYMENT APPLICATION

WE CONSIDER APPLICATIONS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, AGE, NATIONAL ORIGIN, SEXUAL ORIENTATION, MARITAL OR VETERAN STATUS, OR THE PRESENCE OF ANY DISABILITY NOT IMPAIRING THE ABILITY TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION WITH OR WITHOUT REASONABLE ACCOMMODATIONS.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	M.I.	DATE
ADDRESS		CITY STATE	ZIP CODE
DAYTIME PHONE:		EVENING:	
WHAT POSITION ARE YOU SEEKING?			DATE AVAILABLE TO START?
HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF YES, PLEASE EXPLAIN: IF YOU ARE APPLYING FOR A CASH-HANDLING POSITION OR THE NIGHTCREW, A BACKGROUND CHECK WILL BE CONDUCTED. I AGREE TO A BACKGROUND CHECK PRIOR TO BEING HIRED BY THE BOISE CO-OP. _____(INITIALS)			EXPECTED WAGE: ARE YOU LEGALLY ABLE TO BE EMPLOYED IN THE UNITED STATES? YES NO
ARE YOU CURRENTLY EMPLOYED? YES NO IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE? YES NO			
ARE YOU AVAILABLE TO WORK: FULL TIME PART TIME SHIFT WORK TEMPORARY			
DO YOU HAVE ANY RESTRICTIONS OR FUTURE COMMITMENTS THAT WILL INTERFERE WITH YOUR WORK SCHEDULE AT THE CO-OP? PLEASE DESCRIBE EVEN IF THEY ARE MONTHS AWAY. _____			
PLEASE ADD ANY INFORMATION WHICH YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION, INCLUDING SPECIAL SKILLS, EXPERIENCE, ABILITIES, INTERESTS, OR AMBITIONS. _____ _____			

FOR DELI OR MEAT DEPT POSITIONS: YOU MUST BE AT LEAST 18 YEARS OF AGE TO OPERATE SLICERS AND OTHER EQUIPMENT IN THE DELI AND MEAT DEPT. IF YOU ARE APPLYING FOR A POSITION IN ONE OF THOSE DEPARTMENTS, PLEASE CERTIFY THAT YOU ARE AT LEAST 18 YEARS OF AGE BY INITIALING HERE. _____

EDUCATION

SCHOOL MOST RECENTLY ATTENDED	LOCATION
LAST GRADE COMPLETED	GRADUATED? YES NO NOW ENROLLED? YES NO

Employment History (Please start with your most recent job.)

EMPLOYER	ADDRESS/PHONE
POSITION	DATES WORKED
SUPERVISOR	REASON FOR LEAVING?
DESCRIBE DUTIES, WORK PERFORMED	
EMPLOYER	ADDRESS/PHONE
POSITION	DATES WORKED
SUPERVISOR	REASON FOR LEAVING?
DESCRIBE DUTIES, WORK PERFORMED	
EMPLOYER	ADDRESS/PHONE
POSITION	DATES WORKED
SUPERVISOR	REASON FOR LEAVING?
DESCRIBE DUTIES, WORK PERFORMED	

BUSINESS OR EMPLOYMENT RELATED REFERENCES

REFERENCES SHOULD BE PERSONS TO WHICH YOU ARE NOT RELATED AND HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME	PHONE
RELATIONSHIP	LENGTH OF RELATIONSHIP
NAME	PHONE
RELATIONSHIP	LENGTH OF RELATIONSHIP

AUTHORIZATION: I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN, AND UNDERSTAND THAT THE REFERENCES AND EMPLOYERS LISTED MAY BE ASKED TO PROVIDE THE CO-OP WITH ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AS WELL AS ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE CO-OP FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I UNDERSTAND THAT THE CO-OP RESERVES THE RIGHT TO EMPLOY AT WILL AND THAT EMPLOYMENT CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF THE CO-OP OR AT THE OPTION OF THE EMPLOYEE.

SIGNATURE

DATE