



# Application for Employment

6575 Seville Rd. Isla Vista, CA 93117 • 1533 State St, Santa Barbara, CA 93101

Please call (805) 968-1401 or email [Staff@islavistafood.coop](mailto:Staff@islavistafood.coop) with any questions regarding applying for employment

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status, or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative. THIS APPLICATION FOR EMPLOYMENT IS NOT AN EMPLOYMENT CONTRACT

***Thank you for applying to work at the Isla Vista Food Co-op. Our hours are Monday through Sunday 6:00am-11:00pm. As a Co-op employee, you will be expected to work a minimum of 18 hours per week, including weekends, during school finals, seasonal breaks, and holidays. If you can meet this time commitment, please continue with the application. Attaching a resume is optional.***

<b>Today's Date:</b>	<b>Date Available to Start Work:</b>
<b>Name:</b>	<b>Email:</b>
Street Address, City, State, and ZIP	
Contact Information: Phone Number and Email	
Desired Location of Employment (please see addresses at the top under application for employment)	

Select Department(s) you are interest in applying for:

Front End (cashier, floor manager)	Grocery (clerk)	Produce (clerk)	Deli (clerk)

## Employment Experience

Please list the names of your present or previous employers in chronological order with the present or most recent employer listed first. Be sure to account for all periods of time. If self-employed, give the firm name and supply business references. Add an additional page if necessary.

Name of Business or Volunteer Organization: \_\_\_\_\_

Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_

Name of Business or Volunteer Organization: \_\_\_\_\_

Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_

<b><i>Please indicate your experience in the following areas:</i></b>	None	A little	Some	A lot
Working in a grocery or natural foods store				
Working with the public or customer service				
Operating a cash register				
Working with fresh food or produce in a professional occupation				
Pricing and stocking				
Physical Labor (e.g. lifting and carrying 50lbs regularly)				

Please indicate your daily commitments and availability below by marking the area you ***are not available.***

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6:00am							
6:30am							
7:00am							
7:30am							
8:00am							
8:30am							
9:00am							
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11:00pm							

Have you ever been involuntarily terminated or asked to resign from any job?  Yes  No

If yes, please explain:

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How many hours per week would you like to work (18 hour minimum)? \_\_\_\_\_

Desired hourly wage? \_\_\_\_\_

How long would you like to work at the Co-op?

**Note:** We do not generally consider short-term hires (less than a 1 year commitment)

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Do you have any scheduled events that may affect your weekly availability in the next three months (e.g. doctor's appointments, birthdays, Summer/Winter vacation)?

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**Students:** Please state the school you attend & expected graduation date: \_\_\_\_\_

If you are a student, do you qualify for work study?  yes  no

Have you previously been employed at the Isla Vista Food Co-op?

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If hired, could you show evidence of your right to legally work in the US?

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Do you have reliable transportation to arrive at work on time?

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Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation?  Yes  No

Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions

What skills, training, experience, interests or qualifications do you have that you feel might contribute to the Co-op? \_\_\_\_\_

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What does work in a cooperative business mean to you?

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Why do you want to work at the Co-op?

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When thinking of your future goals, how does the Co-op fit into your plans?

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What do you consider to be your greatest accomplishment?

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Why do you think customers shop at the Co-op?

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What do you consider to be great customer service?

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**Students only:** Have you previously worked and attended school at the same time? If so, how did you balance these commitments?

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Please explain any gaps in your employment history.

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Please list any other experience, job-related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment; i.e. Food Handlers, CPR certification/first aid training, CDL etc.

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### **Applicant Statement and Agreement**

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

\_\_\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure

\_\_\_\_\_ In the event of my employment with the company, I understand that I am required to comply with all rules and regulations of the company.

\_\_\_\_\_ If hired, I understand and agree that my employment with the company is at will and that neither I nor the company is required to continue the employment relationship for any specific term. I further understand that the company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

\_\_\_\_\_ I understand that the safety of employees is extremely important to the company and that the company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to

prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

\_\_\_\_\_ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration law requires me to complete an I-9 Form in this regard.

\_\_\_\_\_ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed, and the remainder of this Agreement shall be enforceable.

\_\_\_\_\_ In compliance with California law, the Isla Vista Food Co-op is an 'At-Will' employer and operates under the provision that employees have the right to resign their position at any time, with or without notice and with or without cause. We, the employer, have similar rights to terminate the employment relationship at any time, with or without notice and with or without cause.

My signature attests to the fact that I have read, understand, and agree to all the above terms.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*