



EMPLOYMENT APPLICATION

Our Goal is a Healthy Environment for our Customers and Staff.
 We desire Staff Members who are Health-Oriented,
 Professional in Appearance & Work Habits, and
 Willing to Provide Exceptional Customer Service.

We do not discriminate on the basis of age, creed, national origin, gender or disability. It is our intention that all qualified applicants be given an equal opportunity and that selection decisions be based on job related factors.

LAST NAME:	FIRST NAME:
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TODAY'S DATE:	HOME PHONE:
EMAIL:	CELL PHONE:

ADDRESS:	CITY, STATE, ZIP:
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IF HIRED, DO YOU HAVE RELIABLE TRANSPORTATION TO WORK?

HOURS YOU ARE AVAILABLE TO WORK			
SUNDAY	MONDAY	TUESDAY	WEDNESDAY
from:	from:	from:	from:
to:	to:	to:	to:
THURSDAY	FRIDAY	SATURDAY	Any <input type="checkbox"/>
from:	from:	from:	Check box if all hours are open
to:	to:	to:	

TYPE OF POSITION APPLYING FOR:

PAY RANGE DESIRED:

TOTAL HOURS PER WEEK YOU CAN WORK:

DATE YOU CAN START:

EDUCATIONAL BACKGROUND			
NAME AND LOCATION	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE			
OTHER			

PROFESSIONAL REFERENCES (NON-FAMILY)			
NAME	RELATIONSHIP	TELEPHONE	NUMBER OF YEARS KNOWN

SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job related functions in the position for which you are applying.

List your last three employers (most recent first), including military service and any period of unemployment.

WORK HISTORY

Phone Numbers Are IMPORTANT!

Employer _____	Dates of Employment (From) _____ (To) _____
Address _____	Pay (Start) _____ (Finish) _____
City, State, Zip _____	Reason for Leaving _____
Phone (include area code) _____	Which of your duties did you enjoy most? _____
Supervisor Name & Title _____	_____
Position Held _____	Which did you enjoy least? _____
Duties _____	_____

Employer _____	Dates of Employment (From) _____ (To) _____
Address _____	Pay (Start) _____ (Finish) _____
City, State, Zip _____	Reason for Leaving _____
Phone (include area code) _____	Which of your duties did you enjoy most? _____
Supervisor Name & Title _____	_____
Position Held _____	Which did you enjoy least? _____
Duties _____	_____

Employer _____	Dates of Employment (From) _____ (To) _____
Address _____	Pay (Start) _____ (Finish) _____
City, State, Zip _____	Reason for Leaving _____
Phone (include area code) _____	Which of your duties did you enjoy most? _____
Supervisor Name & Title _____	_____
Position Held _____	Which did you enjoy least? _____
Duties _____	_____

If you are presently employed, YES Please account for any periods of unemployment: _____
 may we contact your employer? NO _____

Why are you interested in working for Natural Foods Market?

Please describe your definition of excellent customer service:

What qualities do you look for in an employer?

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.
 I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant **X** _____ Date _____