



Great Basin Community Food Cooperative
 240 Court Street, Reno, NV 89501
 775-324-6133

Application for Employment

PERSONAL INFORMATION

LAST FIRST M.I. DATE

LIST ANY OTHER NAMES UNDER WHICH YOU HAVE BEEN EMPLOYED: _____

ADDRESS: _____
 STREET CITY ST ZIP

PHONE: () _____ EMAIL: _____

ARE YOU 18 YEARS OF AGE OR OLDER? YES _____ NO _____ IF NOT 18 YEARS OR OLDER, STATE AGE: _____

CAN YOU AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES _____ NO _____

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? YES _____ NO _____ IF YES, GIVE DATES AND LOCATION: _____

DO YOU HAVE ANY FRIENDS OR RELATIVES EMPLOYED BY THIS COMPANY? YES _____ NO _____ IF YES, PLEASE STATE NAME(S): _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME (IE: MISDEMEANOR OR FELONY)? YES _____ NO _____

IF YES, PLEASE STATE: TYPE OF CRIME: _____
 (YOU WILL NOT NECESSARILY BE DISQUALIFIED FROM EMPLOYMENT SOLELY BECAUSE OF A CONVICTION)

LOCATION: _____ DATE: _____

DO YOU HAVE A CURRENT DRIVER'S LICENSE? YES _____ NO _____ ISSUING STATE: _____ CLASS: _____ NUMBER: _____ EXPIRATION: _____

EMPLOYMENT DESIRED

WHAT POSITION ARE YOU APPLYING FOR? 1ST CHOICE _____ 2ND CHOICE _____

DATE AVAILABLE: _____ FULL TIME: _____ PART TIME: _____ DESIRED RATE OF PAY: _____

EDUCATION

LIST SCHOOLS AND/OR BRANCH OF SERVICE AND CITY/STATE

LEVEL ATTAINED/TYPE OF DEGREE

HIGH SCHOOL _____

COLLEGE _____

U.S. MILITARY _____

TRADE SCHOOL _____

ADDITIONAL SKILLS _____

REFERENCES - PLEASE PROVIDE THREE PROFESSIONAL REFERENCES WHO HAVE KNOWN YOU FOR AT LEAST TWO YEARS:

NAME ADDRESS TELEPHONE RELATIONSHIP

1. _____

2. _____

3. _____

EMPLOYMENT HISTORY:

- PROVIDE EMPLOYMENT HISTORY FOR THE PAST 7 YEARS - BEGIN WITH THE MOST RECENT EMPLOYER FIRST.
- ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT IN SPACE PROVIDED BETWEEN POSITIONS.

	COMPANY STREET/ CITY/ STATE IMMEDIATE SUPERVISOR / TELEPHONE #	JOB TITLE &JOB DUTIES	RATE OF PAY	REASON FOR LEAVING
END DATE				
START DATE				
END DATE				
START DATE				
END DATE				
START DATE				
END DATE				
START DATE				
END DATE				
START DATE				
END DATE				
START DATE				
END DATE				
START DATE				

INCOMPLETE OR INACCURATE EMPLOYMENT APPLICATIONS WILL NOT BE CONSIDERED FOR EMPLOYMENT. - ALL THE RESPONSES I HAVE MADE ON THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I MAKE ANY FALSE STATEMENTS, MISREPRESENTATIONS, OR OMISSIONS IN THIS APPLICATION PROCESS, THIS APPLICATION COULD BE RENDERED VOID AND MAY BE REASON FOR MY IMMEDIATE DISCHARGE AT ANY TIME DURING MY EMPLOYMENT. I AGREE TO HOLD THIS COMPANY AND PERSONS NAMED HEREIN HARMLESS IN THAT EVENT.

DATE

SIGNATURE

PRINT NAME