



Date of Application:

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name:

Address:

City, State, Zip:

How long at present address?

E-Mail Address:

Phone (Cell):

Previous Address:

City, State, Zip:

How long at previous address?

Have you ever applied for employment with us? Yes No if Yes, date

Are you on lay-off and subject to recall? Yes No

Have you been convicted of a felony in the last 7 years? Yes No

How did you learn of our organization?

EDUCATION

School	Name & Location of School	Course of Study	# of Years Completed	Did you Graduate?	Degree or Diploma
College	From: To:			Yes <input type="checkbox"/> No <input type="checkbox"/>	
High	From: To:			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trade	From: To:			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other	From: To:			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please list any professional designations/certifications outside of the education listed above:

EMPLOYMENT

Describe your employment record. Start with present or most recent employer.

1	Company Name	Telephone
	Address	Employed (Month/Year) From: To:
	Name of Supervisor	Hourly Wage or Weekly Pay Start: Last:
	State Job Title & Describe Your Work	Reason for leaving:
2	Company Name	Telephone
	Address	Employed (Month/Year) From: To:
	Name of Supervisor	Hourly Wage or Weekly Pay Start: Last:
	State Job Title & Describe Your Work	Reason for leaving:
3	Company Name	Telephone
	Address	Employed (Month/Year) From: To:
	Name of Supervisor	Hourly Wage or Weekly Pay Start: Last:
	State Job Title & Describe Your Work	Reason for leaving:

POSITION & AVAILABILITY

What position are you applying for?	Pay Expected:
Are you available for full time hours? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Available to Start:
Total available hours per week:	Are your hours flexible: Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you expect to be absent anytime in the next 6 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:	
Do you have other commitments (employment, school) which may affect your employment status with us? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:	

Please indicate any hours you are NOT available to work below:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

SKILLS

Please indicate your skills and experience in the following areas:

Customer Service:

Natural Foods/Vitamins/Supplements:

Cashiering:

Retail Merchandising:

Produce:

Computers:

A LITTLE ABOUT YOU

Describe something in your life you are passionate about and why (feel free to use the back of this page):

ADDITIONAL INFORMATION

Please tell us why you will be a fit for Earthlight:

Please name at least two personal references and provide their phone numbers:

1) Name: ()

2) Name: ()

I understand that management makes every effort to accommodate individual preferences and scheduling needs, but business may at times make overtime mandatory and that I may not be guaranteed a set schedule. The position I am applying for **requires** me to work on a rotating weekend schedule. I certify that my answers are true and complete to the best of my knowledge. In the event that I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Date:

Signature: