

# Employment Application

Application Received By Employee/Manager: \_\_\_\_\_

Today's Date:  /  /

## New Applicant Information:

Social Security #: _____ - _____ - _____	Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/>	Position you are applying for: _____
How were you referred to apply here at Nature's Corner Natural Market? _____		

Full Name: \_\_\_\_\_ Alias First Name: \_\_\_\_\_  
(Legal Name) (Optional)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: ( ) - - Home Phone: ( ) - - Hourly Rate Request: \$ \_\_\_\_\_

Date Available to Start: / / Email Address: \_\_\_\_\_

Type of employment schedule desired:  Full-Time  Part-Time  Temporary  Summer Only  Fall - Spring Only

Hours of Availability for: Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_

Have you ever worked for Nature's Corner Natural Market?  Yes  No If yes, how long ago? \_\_\_\_\_

Are you a citizen of the United States of America?  Yes  No

If not, are you legally allowed to work in the United States of America?  Yes  No

Have you ever pleaded "Guilty", "No Contest", or have been convicted of a crime?  Yes  No

If yes, give dates and full detail: \_\_\_\_\_

*Answering "Yes" or "No" to these questions does not constitute an automatic rejection for employment. Date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.*

### EMPLOYMENT REFERENCES

Business\Store Name:	Job Position Type:	Duration:	Retail? Yes/No
Owner\Manager Name:	Contact Phone Number: ( ) - -		
Business\Store Name:	Job Position Type:	Duration:	Retail? Yes/No
Owner\Manager Name:	Contact Phone Number: ( ) - -		

Summarize your past work experience and why you would like to be a staff member here at Nature's Corner:


(Official NCMN Use Only)

Hired? Yes \ No Hire Date: / / Start Date: / / CS: \_\_\_\_\_

Training Pay? Yes \ No Training Rate: \$ \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_