

REFERENCES:
Give the names of three people not related to you whom you have known at least one year, particularly those who could speak to your work experience.

Name _____ Title/Relationship _____
Address _____ Phone (work or home) _____
Name of Business (if applicable) _____ Years Acquainted _____

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PLEASE READ BEFORE SIGNING

EQUAL EMPLOYMENT OPPORTUNITY

We do not and will not discriminate on the basis of race, religion, national origin, sex, age, disability, marital status, veteran status. Information provided on this application will not be used for any discriminatory purpose.

ACCURACY OF INFORMATION

I certify that all the information submitted by me on this application is true and complete to the best of my knowledge, and I understand that if I am employed, false statements on this application can be grounds for termination of my employment. I understand that this application, if I am employed by Sevananda, will become part of my personnel file.

AUTHORIZATION FOR RELEASE OF INFORMATION

In connection with this application, I authorize my former employers, schools, law enforcement agencies, and branches of military to release information they may have about me. I release all parties supplying such information and Sevananda from any liability arising out of the release of any such information.

CO-OP RULES AND REGULATIONS

In consideration of my employment, I agree to conform to Sevananda's rules and regulations currently in existence or which may be existing in the future.

EMPLOYMENT AT WILL

I understand that if I am offered a position at Sevananda my employment is at will, which means that either I or the Co-op can terminate the employment relationship at any time for any reason not prohibited by law. I also understand and agree that the terms and conditions of my employment may be changed with or without cause, and with or without notice, at any time by Sevananda.

I understand that no Sevananda representative, other than its General Manager, and then only in writing and signed by the General Manager, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Your Signature _____ Date _____

Your employment application is considered active for THREE months. If you wish to be considered after that point, please re-apply.



COME & DEFEND THE COMMON HEALTH!

Thank you so much for applying at Sevananda Natural Foods Market. For over thirty years we have prided ourselves on the fantastic staff that have driven this community-owned business. We know that it is our staff who ultimately determine the success of this organization, and at some point or another, every employee of Sevananda has gone through the application process you are now entering upon.

We think you'll find that Sevananda is a pretty unique place to work. For one thing, we're a co-op: a community-owned business where anyone who walks in the front door can become a member-owner. We are also service-driven; our name is a Sanskrit word that means "Joy in Service," and we serve our members, customers, and employees with high ethical standards, sound management, and a safe and supportive environment. Employees are expected to demonstrate friendly co-operation, excellent customer service, and a positive willingness to get the job done. In addition, employees who accept a job at Sevananda are also expected to come to work in accordance with the schedule they are assigned.

Ultimately, we seek people who want to make a serious commitment to learning about great service, great food, a great environment, and who will work with us to create a terrific workplace. We recognize that not everyone will share our ideals; if Sevananda isn't for you, we wish you the best and would be happy to help you in any way that we can. If you think this is the right place for you, then please continue with the application process. We look forward to getting to know you, and again, thanks for applying at Sevananda.

SEVANANDA IS A CONSUMER COOPERATIVE CREATED TO EMPOWER THE COMMUNITY TO IMPROVE ITS HEALTH AND WELL-BEING.

- The democratic participation of our membership;
- Providing natural and organic foods, and other environmentally sound products, to the Atlanta area and beyond;
- Providing education on cooperative principles, personal health, environmental conservation and consumer issues;
- Establishing beneficial relationships with the local community and the global cooperative movement.

Name: _____ Date: _____
(Last) (First) (Middle)

Are you known by any other name which we will need to check your work record? Yes No

If so, please provide: _____

Address: (Where we can rely on reaching you)

(Street) (City) (State) (Zip)

Temporary Address (if applicable):

(Street) (City) (State) (Zip)

Home Phone Number _____ Work Phone Number _____
or Phone where a message can be left _____

E-mail address: At home _____ At work _____

Name: _____
(Last) _____
(First) _____
(Middle) _____
Date: _____

Are you 18 years or older?.....Yes No
 If no, can you provide a youth employment certificate from a Georgia High School?.....Yes No
 Federal Law establishes certain hour restrictions for anyone under sixteen (16) years old.
 Will these hour restrictions apply to you?.....Yes No
 Do you have a legal right to work in the USA ?.....Yes No
 Alien registration number (if applicable) _____
 Social Security Number _____-_____-_____
 (If you accept employment with the Co-op, the Federal Immigration Act of 1986 requires that you provide documents establishing your identity and work authorization)

Have you been convicted of a criminal felony or misdemeanor in the last five (5) years?.....Yes No
 Or have you plead guilty or no contest to such a charge in the last five (5) years?.....Yes No
 (Previous convictions do not exclude an applicant from consideration for employment.
 Factors such as age, time of the offense, seriousness, nature of the violation and rehabilitation will be taken into consideration.)
 If yes, please explain:

Have you ever worked for Sevananda before? If yes, when? _____
 How were you referred to Sevananda? (Newspaper, radio, friend, etc) _____
 List Sevananda employees that you know (including relatives): _____
 I am available: Full Time Part Time Temporary Summer
 Sevananda is open 7 days a week, 9AM-10 PM
 Days of the week you will NOT be available (please circle): Mon Tue Wed Thr Fri Sat Sun
 When can you start work? _____
 Do you have any schedule limitations? If yes, please specify. _____
 Minimum Wage or Salary Required: _____

EMPLOYMENT DESIRED: Are you applying for a specific job opening? If yes, please specify.

 Would you be interested in other positions at the Co-op? If yes, please specify.

Many of our jobs require lifting 50-70 lbs on a regular basis, as well as direct customer service.
 Can you perform such work with or without reasonable accommodation? Yes No
 If you need reasonable accommodation, please specify:

EDUCATION:	Name of School	Years Attended	Did you graduate?	Subjects Studied
High School				
GED				
College				
Graduate School				

EDUCATION: If you did not graduate, why and when did you leave school?

 Future plans for continuing education and training, if any:

GENERAL: Subjects of Special Study/Scholastic Honors/Additional Training related to the position you are seeking:

 Special Skills (for example: Computer -- list software you are familiar with; or words per minute for typing):

 Activities you enjoy:

EMPLOYMENT HISTORY: List your last three employers, the most recent first.
 You may include volunteer assignments and periods of self-employment. Please note interruptions in employment longer than one month. If you need more space, please continue on a separate sheet and/or attach a resume.

Employer _____ Contact Person _____
 Address _____ Phone Number _____
 Dates Employed from: _____ to: _____ May we contact them? Yes No
 Pay Rate Starting _____ Finishing _____ Job Title: _____

Your Responsibilities	Reason for Leaving

Employer _____ Contact Person _____
 Address _____ Phone Number _____
 Dates Employed from: _____ to: _____ May we contact them? Yes No
 Pay Rate Starting _____ Finishing _____ Job Title: _____

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Employer _____ Contact Person _____
 Address _____ Phone Number _____
 Dates Employed from: _____ to: _____ May we contact them? Yes No
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Your Responsibilities	Reason for Leaving

EMPLOYMENT: Which of these positions did you like best?

 What did you like most about this position?

MILITARY SERVICE: Branch of Service, kinds of training, and duty while in the service:

 From: _____ to: _____ Rank: _____
 Present Military Affiliation: None Reserve (active) Reserve (inactive)