



EST. 1980

CORNUCOPIA

natural wellness market

Applicants for employment are considered without regard to race, creed, color, religion, sex, sexual orientation, gender identity or expression, transgendered status, pregnancy or pregnancy related condition, marital status, genetic information or results of genetic testing, national origin or ancestry, age, and present or past history of intellectual disability, learning or physical disability (including but not limited to blindness), military or veteran status, or being a member of the Reserves or National Guard. Also it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Date of Application: _____

Name: _____ Preferred Pronoun: _____

Email: _____ Phone # _____

Address: _____

Position applied for: _____ Have you ever applied to Cornucopia before? _____

Please state your salary requirement: _____

Preferred # of work hours per week: _____ Maximum Hours: _____ Minimum Hours: _____

Referral Source: Advertisement Friend Relative Walk-In Other _____

Please complete the boxes below to indicate the hours you are available to work.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM/TO:	FROM/TO:	FROM/TO:	FROM/TO:	FROM/TO:	FROM/TO:	FROM/TO:

When are you able to start working? _____ Do you have transportation? Yes No

Is there any reason that you would be unable to commit to a position with Cornucopia for the foreseeable future? Yes No If Yes, please explain _____

Do you have any vacations or holiday plans that we should be aware of? _____

Are you under age 18? Yes No If Yes, can you furnish a work permit? Yes No

Proof of authorization to work and of your identity will be required upon employment.

Are you employed now? Yes No May we contact your current employer? Yes No

Are you fluent in English? Yes No

Note: If answer is "No," this is **not** automatic disqualification

Employment Experience:

List present & past employers in order starting with present or most recent employer listed first. (Continue on a separate sheet of paper, if necessary).

EMPLOYER NAME/ADDRESS/TELEPHONE	EMPLOYED (DATE RANGE)	POSITION	REASON FOR LEAVING	NAME OF LAST SUPERVISOR

Education:

Starting with the most recent, list all schools attended
(include vocational/technical training courses):

SCHOOL NAME AND LOCATION	YEARS COMPLETED; HONORS RECEIVED; DIPLOMA/DEGREE	MAJOR COURSE OF STUDY

What motivates you to put forward your best effort?

Describe your relationship with food:

Why do you want to work at Cornucopia?

What sales skills do you think are most important when interacting with customers?

Give an example of an achievement you are most proud of:

What useful skills and knowledge could you bring to Cornucopia?

How do you feel your previous experience would fit with this job's needs?

Why do you think Cornucopia should hire you?

What is your most productive or ideal work setting?

What do you want us to know about you that has not been addressed already?

References:

Please provide three references who are not related to you (previous employers preferred):

NAME	PHONE NUMBER	POSITION

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this company/organization. **I understand and agree that if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this company/organization.**

AGREEMENT: I certify that the information of on this application is true, complete and correct. I hereby authorize the investigation of my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

Signature of Applicant

Date