



Davis Food Co-op EMPLOYMENT APPLICATION

620 G St. Davis CA 95616-3753
(530) 758-2667

Position applied for: _____

Date: _____

Name _____

Phone Number (____)_____

Street Address _____

Are you over 18 years of age? _____

City, State and ZIP code _____

Date available for work: _____ Social Security # XXX-XX-_____

Are you currently employed? _____ If so, may we contact your current employer? _____

How did you hear about the specific job you are applying for? _____

Have you been employed as a paid staff member at the Co-op before? (Y or N) _____

If so, when and in what position? _____

Why did you leave? _____

EMPLOYMENT HISTORY

Please list below your last four employers, beginning with the most recent.

Dates	Name, Address, Phone Number of Employer/ Contact Person	Rate of Pay	Position & Responsibilities	Reason For Leaving

Days and Hours Available For Work: _____

School	Location	Graduated (Y or N?)	Major Subjects

Describe experiences you have had in the specific field of the job you are applying for:

Comment on any other relevant experience: _____

Have you ever been absent from work in the past 12 months? If yes, describe. _____

Have you ever been convicted of a felony? No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

Do you own or have interest in another business? If so, please describe. _____

Office machines you can use: _____

Do you have any friends or relatives working for the Co-op? If yes, state name(s) and relationship. _____

What involvement have you had with Co-ops? _____

Please Read Carefully,

Initial Each Paragraph

....and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the Davis Food Co-op, Inc., to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Co-op any and all letters, reports and other information related to my work records, without giving prior notice of such disclosure. In addition, I hereby release the Co-op, former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Davis Food Co-op, Inc. in addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Co-op, and that no promises or representations contrary to the foregoing are binding on the Co-op unless made in writing and signed by me and the Co-op's designated representative.

Date _____ Applicant's Signature _____

EEO-1 Self-Identification Form

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

(If also a federal contractor/subcontractor – add this clause): As employers/government contractors, we also comply with government regulations including but not limited to affirmative action responsibilities as required under Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, section 4212 of the Vietnam Era Veterans Readjustment Act of 1974 and Veterans Employment Opportunities Act (VEOA) of 1998.

This data is for periodic government reporting and will be kept in a *Confidential File* separate from the Application for Employment.

(PLEASE PRINT)

Date: _____

Position(s) Applied For _____

Referral Sources: Advertisement Friend Relative Walk-In
 Employment Agency Company Website Other

Name _____ Phone () _____
 LAST FIRST MIDDLE

Address _____
 NUMBER STREET CITY STATE ZIP CODE

EEO-1 Survey

If you wish to be identified, please sign below and complete the survey:

Signed: _____

Check one: Male Female

{Please Finish Survey on Back of Page}

EEO-1 Survey (Continued)

Ethnicity:

Are you Hispanic or Latino?

- No, I am **not Hispanic or Latino**.
- Yes, I am **Hispanic or Latino**: A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

Race – IMPORTANT - Only complete this section if you checked “No, I am not Hispanic or Latino” in the Ethnicity section above:

What is your race? Select **ONE** of the following categorie(s):

- White** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black or African American** – A person having origins in any of the Black racial groups of Africa.
- American Indian/Alaskan Native** A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian**– A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races** – All persons who identify with more than one of the above five *rac*es.

(If federal contractor/subcontractor with affirmative action obligations – add the following section) Check if the following is applicable:

- Veteran** - As defined under one or more of the following:
- served on active duty for a period of more than 180 days, and any part of which occurred between August 5, 1964 and May 7, 1975 and were discharged or released other than dishonorably; or,
 - was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975; or
 - who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized (such as The Persian Gulf, El Salvador, Grenada, Lebanon, Panama, Southwest Asia, Haiti, Somalia & Bosnia); or
 - one who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of discharge or release from active duty (recently separated veteran).

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____ Date _____
