

FLAGLER COOPERATIVE ASSOCIATION
P.O. BOX 398
FLAGLER, CO 80815
719-765-4416 FAX 719-765-4713 www.flaglercoop.com

APPLICATION FOR EMPLOYMENT

Flagler Cooperative Association is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, marital status, physical or mental handicap or arrest record. This application will remain effective for a period of thirty (30) days or until the position is filled.

Date: _____

Applicant Name:

_____ Last First Middle

Present Address:

_____ Street City State Zip Code

Email Address: _____

Phone Number: () _____ Are you 18 years or older? Yes ___ No ___

Education:

School Name and Address along with Completion Date and Degree _____

Education Continued:

Education Continued:

Health Condition: Good ___ Fair ___ Excellent ___

Do you have any physical impairments, limitations, or medical conditions that would impair you to do the job for which you are applying? Yes ___ No ___

If Yes, give details: _____

Referred by: _____

Check if you have had any experience or training in the following fields: Convenience Store ___ Computer ___

Lumber ___ Bookkeeping ___ Hardware ___ Register ___ Petroleum ___ Other ___

Please describe Other: _____

Do you have any of the following license credentials? CDL ___ Air Brakes ___ Hazmat ___

When can you start? _____

Have you worked for Flagler Co-op previously? Yes ___ No ___

If Yes, Reason for leaving? _____

Have you ever been convicted of a crime? Yes ____ No ____

If Yes, please explain including dates: _____

(A yes answer will not automatically disqualify you from employment, we will consider the nature and date of the offense for job related purposes only.)

Previous Work Experience: (Please list most recent previous two jobs)

Employer: _____

Position Held/Duties: _____

Address: _____

From: _____ To: _____

Managers Name & Title: _____

Reason for Leaving: _____

May we contact: Yes ____ No ____

Starting Salary: _____ Final Salary _____

Employer: _____

Position Held/Duties: _____

Address: _____

From: _____ To: _____

Managers Name & Title: _____

Reason for Leaving: _____

May we contact: Yes ____ No ____

Starting Salary: _____ Final Salary _____

Please name two references who we may contact: (Please do not list family)

Name: _____

Address: _____

Relationship: _____ Phone Number _____

Name: _____

Address: _____

Relationship: _____ Phone Number _____

I certify that the foregoing statements are true and correct. I authorize Flagler Cooperative Association to make investigation of my personal or employment history and authorize any present/former employer, person, firm, corporation, credit agency or government agency to give Flagler Cooperative Association any information they may have regarding me, and I understand that any misrepresentation or omission shall be cause for dismissal. In consideration of the prospective employer review of this application, I release Flagler Cooperative Association and all providers of information from any liability as a result of furnishing and receiving this information.

I further agree that, if employed, I will conform my conduct to Flagler Cooperative Association's rules, regulations and personnel policies. I understand that no personnel recruiter, interviewer or other representative other than an officer of Flagler Cooperative Association has authority to enter into any agreement for employment for any specified period of time and that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract. I further understand that nothing contained in this application or the granting of an interview creates a contract for either employment or providing any benefit, and THAT I HAVE THE RIGHT TO TERMINATE EMPLOYMENT AT ANY TIME AND THAT FLAGLER COOPERATIVE ASSOCIATION HAS THE SAME RIGHT.

Date: _____ Signature: _____