

**FLAGLER COOPERATIVE ASSOCIATION
COUNTRY STORE
EMPLOYMENT APPLICATION**

NAME: _____ SOCIAL SECURITY #: _____

CURRENT ADDRESS: _____

PHONE NUMBER: _____ AGE (IF UNDER 21): _____

EDUCATION: COMPLETE DATE & DEGREE (NAME & ADDRESS OF SCHOOL/SCHOOLS):

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 FOR? YES _____ NO _____

IF YES, GIVE DETAILS: _____

HAVE YOU HAD ANY OF THE FOLLOWING TRAINING:

CONVENIENCE STORE: _____ COMPUTER: _____ BOOKKEEPING: _____ REGISTER: _____

FOOD SERVICE: _____ OTHER: _____

YOU ARE APPLYING FOR (PLEASE CHECK ONE):

SEASONAL/TEMPORARY WORK: _____

PART TIME/LONG TERM WORK: _____

FULL TIME/LONG TERM WORK: _____

IF APPLYING FOR TEMPORARY WORK, WHEN WILL YOU BE AVAILABLE? _____

POSITION DESIRED: _____ DESIRED HOURLY PAY: _____

DESIRED HOURS PER WEEK: _____ MORNING OR NIGHT SHIFTS: _____

CAN YOU WORK WEEKENDS: _____

WHAT DAYS & HOURS ARE YOU AVAILABLE FOR WORK? _____

IF HIRED, ON WHAT DATE CAN YOU START WORKING: /_____/

IF HIRED, WOULD YOU HAVE TRANSPORTATION TO/FROM WORK? [] Y or [] N

OTHER COMMENTS: _____

HAVE YOU WORKED FOR THE FLAGLER CO-OP PREVIOUSLY: _____

IF YES REASON FOR LEAVING: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME: _____

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: _____ REASON FOR LEAVING:
MANAGERS NAME & TITLE:
MAY WE CONTACT: _____ PHONE NUMBER:
STARTING SALARY: _____ FINAL SALARY: _____

EMPLOYER: _____ POSITION HELD/DUTIES:
ADDRESS: _____
FROM: _____ TO: _____ REASON FOR LEAVING:
MANAGERS NAME & TITLE:
MAY WE CONTACT: _____ PHONE NUMBER:
STARTING SALARY: _____ FINAL SALARY: _____

PLEASE LIST TWO REFERENCES IN WHICH WE MAY CONTACT: (Please do not list family)

NAME: _____ NAME: _____
ADDRESS: _____ ADDRESS: _____

RELATIONSHIP: _____ RELATIONSHIP^
PHONE NUMBER: _____ PHONE NUMBER: _____

PLEASE RATE YOURSELF ON THE FOLLOWING BY CIRLING 5 BEING HIGHEST 1 BEING LOWEST:

RELIABILITY: 12 3 4 5 HONESTY: 12 3 4 5 CUSTOMER SERVICE: 12 3 4

5

CLEANLINESS: 12 3 4 5 TEAMWORK: 12 3 4 5 MONEY HANDLING: 12 3 4

5

DATE:

SIGNATURE:

Please Answer the Following Questions:

Why are you applying to work here? _____

If hired, how long do you expect to work here?

Why do customers shop at this store?

What is customer service?

A customer complains that the coffee tastes terrible, what would you do?

What would you do if your replacement doesn't show up when it's time to go home?

A customer leaves without paying for gas, what would you do?

A co-worker is rude to customers, what would you do?

The customer's purchase totals \$13.93. They give you a ten dollar bill and a five dollar bill. How much change do you give them? _____

If one bottle of soda costs .99, how much does three cost? _____