



## Employment Application

Today's Date \_\_\_\_\_

*Application will be considered active for three (3) months. All applications are kept on file for one (1) year.  
Please contact us if you would like your application to be active longer or to update any information.*

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Alt. Phone \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Driver License # \_\_\_\_\_ State \_\_\_\_\_

- Have you ever worked for Los Alamos Co-op before?  Yes  No
- Have you ever filed an application here before?  Yes  No
- Have you ever volunteered for Los Alamos Co-op before?  Yes  No
- Total hours per week you can work:  35+  less than 35  Anything available

Do you have a legal right to work in the United States?  Yes  No

*(If you accept employment at Los Alamos 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 felony within the last seven (7) years?  Yes  No

*(If yes, please list. Felony convictions are not an automatic disqualifying element in the hiring process)*

- Are you 18 years of age or older?  Yes  No

**Please rank the top-3 departments you are interested in:**

Cashier  Produce  Wellness  Grocery  Meat/Cheese

Bulk  Deli  Dairy/Frozen  Management [Dept.: \_\_\_\_\_]

*Please rank 1, 2, & 3 in order of preference (1 being the most preferred)*

**Hours you are available to work, store hours are 7am-10pm M-Sat, 8am-8pm Sun:**

Mon: \_\_\_\_\_ to \_\_\_\_\_ Fri: \_\_\_\_\_ to \_\_\_\_\_

Tue: \_\_\_\_\_ to \_\_\_\_\_ Sat: \_\_\_\_\_ to \_\_\_\_\_

Wed: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_

Thu: \_\_\_\_\_ to \_\_\_\_\_

*The Co-op makes an effort to accommodate staff schedule needs, but we cannot guarantee a specific work schedule.*

- Do you have other time commitments (school, another job, etc.)?  Yes  No
- Do you know any current Los Alamos Co-op employee(s)?  Yes  No  
(If yes, please list) \_\_\_\_\_
- If you are hired, when could you begin training? \_\_\_\_\_

**Work Experience**

List your last three (3) employers, assignments or volunteer activities, starting with the most recent.  
Please explain any gaps in employment in the comments section.

Employer Name: _____ Phone Number _____ Dates Employed. From: _____ To: _____ Pay Rate: _____ Position: _____ Supervisor/Title: _____ Phone Number: _____ Job Duties & Responsibilities: _____ Reason for Leaving: _____
Employer Name: _____ Phone Number _____ Dates Employed. From: _____ To: _____ Pay Rate: _____ Position: _____ Supervisor/Title: _____ Phone Number: _____ Job Duties & Responsibilities: _____ Reason for Leaving: _____
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- May we contact your previous employer(s) for references?  Yes  No  
If no, please explain: \_\_\_\_\_
- If you are currently employed, may we contact your present employer?  Yes  No

<p><b>Explain any gaps in employment here:</b></p>   
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**Education & Training**

School Name	Location	Years Completed	Did you graduate?
Other Training/Certification:			
U.S. Military:	Location of Service:	Branch:	Rank:

**References**

Name	How does this person know you?	Years Known	Phone Number

**Do you have any skills or experience that you feel would benefit the Co-op? (For example, the ability to use a POS system or fluency in Spanish.)**

**Do you have any special accomplishments, publications or awards you would like us to consider?**

**Feel free to list any additional information you would like us to consider, i.e. hobbies, special interests, unique ability or talent, preferred sport, etc...**

**What does a "Co-op" mean to you?**

Please read the following statements carefully before signing:

I certify that all information in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize any person, school, current employer, past employer, or organization named in this application or in the accompanying résumé to provide Los Alamos Co-op with relevant information and opinions that may be useful in making a hiring decision.

I understand that a condition of employment is owning a bank account that will accept direct deposit for payroll purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**An Equal Opportunity Employer**

**We do not discriminate on the basis of race, sex, gender, sexual orientation, gender identification, religion, age, disability, or marital status.  
Employment at Los Alamos Co-op depends solely on skills, abilities, and experience.**