



(309) 306-1523

# APPLICATION FOR EMPLOYMENT

## INSTRUCTIONS:

1. Please read Applicant Note below.
2. Print clearly; incomplete or illegible applications will not be processed.
3. If you need help filling out this application, please contact Green Top and every attempt will be made to accommodate your needs in a reasonable amount of time.
4. If completing this in person, please provide the completed application to the Green Top representative. If not, please email the completed application to [GM@greentopgrocery.com](mailto:GM@greentopgrocery.com) or mail to 921 E. Washington St. Bloomington, IL 61701.

NAME \_\_\_\_\_

DATE \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ ALTERNATE PHONE (\_\_\_\_) \_\_\_\_\_

APPLICANT NOTE: THIS APPLICATION FORM IS INTENDED FOR USE IN EVALUATING YOUR QUALIFICATIONS FOR EMPLOYMENT. This is not an employment contract. Please answer all appropriate questions completely and accurately. All qualified applicants will receive consideration without discrimination because of race, color, creed, religion, national origin, sex, gender identity, marital status, status with regard to public assistance, member or activity in local commission, the presence of disabilities, sexual orientation, age, or any other characteristic protected by law. Additional testing of job related skills may be required prior to employment. This application applies only to the position specified. **It typically will not be considered for any other position.** If you wish to be considered for employment within this organization for a different position, a new application must be completed and submitted.

## AVAILABILITY

What areas interest you at the co-op? (please circle below) OR if you are applying for a specific job, please list that here: \_\_\_\_\_ Front End/Cashier    Produce    Grocery    Wellness    Deli

If this job works out for you, how long a commitment can you make to Green Top Grocery? \_\_\_\_\_

How did you hear about the position you are applying for? \_\_\_\_\_

Days and Hours Available  
(Check ALL that apply)

Date available to start work \_\_\_\_\_

- |                                    |                                   |                                   |
|------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Part-Time | <input type="checkbox"/> Weekdays | <input type="checkbox"/> Mornings |
| <input type="checkbox"/> Full-Time | <input type="checkbox"/> Weekends | <input type="checkbox"/> Days     |
|                                    |                                   | <input type="checkbox"/> Evenings |



## WORK EXPERIENCE:

Your application will not be considered unless *every* question is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are required when available.

Company Name\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Phone Number (\_\_\_\_)\_\_\_\_\_

Dates Employed begin\_\_\_\_\_end\_\_\_\_\_Job title\_\_\_\_\_

Duties & Responsibilities\_\_\_\_\_

Supervisor Name\_\_\_\_\_wage\_\_\_\_\_per\_\_\_\_\_

Reason for leaving\_\_\_\_\_

May we contact them? Yes No

Company Name\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Phone Number (\_\_\_\_)\_\_\_\_\_

Dates Employed begin\_\_\_\_\_end\_\_\_\_\_Job title\_\_\_\_\_

Duties & Responsibilities\_\_\_\_\_

Supervisor Name\_\_\_\_\_wage\_\_\_\_\_per\_\_\_\_\_

Reason for leaving\_\_\_\_\_

May we contact them? Yes No

Company Name\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Phone Number (\_\_\_\_)\_\_\_\_\_

Dates Employed begin\_\_\_\_\_end\_\_\_\_\_Job title\_\_\_\_\_

Duties & Responsibilities\_\_\_\_\_

Supervisor Name\_\_\_\_\_wage\_\_\_\_\_per\_\_\_\_\_

Reason for leaving\_\_\_\_\_

May we contact them? Yes No



QUESTIONS:

1. Why are you interested in working at Green Top Grocery?
2. Briefly explain the experiences or skills which you feel would qualify you for the position for which you are applying.
3. What does exceptional customer service mean to you? Give an example where you met this standard.
4. Are you bilingual? If so, what languages do you speak?
5. Are you able to perform the essential functions of the job with or without reasonable accommodation?
6. If you are hired, can you provide proof that you are eligible to work in the United States?
7. If you are under the age of 18 can you provide required proof of your eligibility to work?



**PROFESSIONAL REFERENCES:**

Name	Address	Phone Number

**EDUCATIONAL BACKGROUND:**

School or Program	Number of Years Attended	Did You Graduate?	Degree, Certification or License Awarded

**CERTIFICATION AND RELEASE** I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge. I understand that any false information of the facts called for in this application may result in rejection of my application and/or immediate involuntary termination at any time of employment upon the finding of falsifications in this application. I authorize persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from liability for any damage whatsoever for issuing the information.

Print Full Name\_\_\_\_\_

Signature\_\_\_\_\_ DATE\_\_\_\_\_