

Hub City Cooperative Market
 176 North Liberty Street
 Spartanburg, SC 29306
 864-515-3090 P
 844-274-4049 F
www.hubcity.coop



...Your
**Community
 Market**

APPLICATION FOR EMPLOYMENT

We consider all applicants without regard to race, color, religion, sex, sexual orientation, age, ancestry, national origin, qualified disability, veteran status, or any other basis prohibited by federal or state law. As an equal opportunity employer, Hub City Co-op fully complies with all federal and state laws and the information requested on this application will not be used for any purpose prohibited by law.

Please Print

Date _____

Name _____ Social Security No. _____

Address _____
 No. of Street _____ City _____ State _____ Zip Code _____

Phone Number _____ How long at above address? _____

Date of Birth _____
 Month / Day/Year

Can you furnish documentation that you are authorized to work in the United States? Yes _____ No _____

If you are under the age of 18 give date of birth _____ (before employment you may be required to furnish a work permit and proof of age)

EMPLOYMENT DESIRED

Position _____ Date Available _____ Salary Desired _____

Have you ever been employed by us? _____ Presently employed _____ May we contact present employer? _____

Do you desire full or part- time work? _____ Desired number of days per week? _____

Please list any relatives or friends employed with us or within the past two years. _____

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommoaiton? Can you lift up to 50 lbs?

Yes _____ No _____

AVAILABILITY

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Days							
Nights							

SCHOOLS ATTENDED

High School							/
	Name	City	No. Years	Graduated	Yes	No	
College							/
	Name	City	No. Years	Graduated	Yes	No	
Other							/
	Name	City	No. Years	Graduated	Yes	No	

FORMER EMPLOYERS

(List last two employers, starting with last one first.)

Employer:		<u>Employed</u>	Supervisor's Name:
Address:		From: _____	Your Job Title:
Telephone #:		To: _____	
Your Salary		Duties:	
Start	End		

Reason for Leaving:

Employer:		<u>Employed</u>	Supervisor's Name:
Address:		From: _____	Your Job Title:
Telephone #:		To: _____	
Your Salary		Duties:	
Start	End		

Reason for Leaving:

Do you have experience in the following areas?

Customer Service	Yes _____	No _____
Retail Merchandising	Yes _____	No _____
Food Service	Yes _____	No _____
Warehousing	Yes _____	No _____
Produce	Yes _____	No _____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you

I understand and agree that, if hired, I must complete a 90 day probationary period. During this probationary period, either party may terminate employment without cause. After the probation is complete, continued employment is dependent upon successful performance of the employee and the company.

Date _____ **Signature** _____