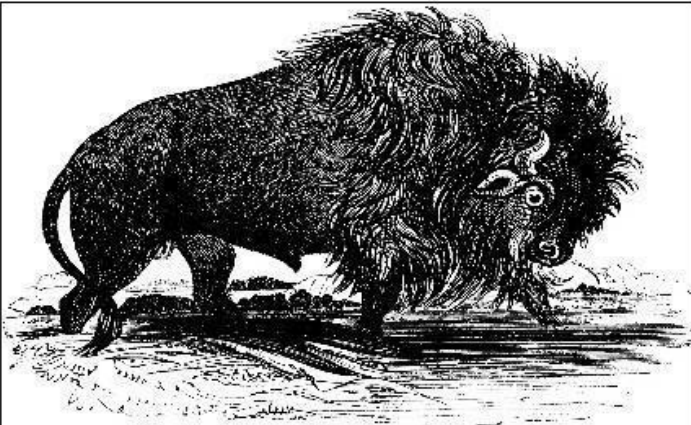


Job Application

Buffalo Mountain Food Co-Operative
39 South Main Street P.O. Box 336
Hardwick, VT 05843
802-472-6020 fax 802-472-5946
info@buffalomountaincoop.org
www.buffalomountaincoop.org



Buffalo Mountain Food Co-op
And Cafe
Food for People not for Profit

Date. / /

Name / Nickname.

Address.

Phone numbers.

E-mail.

Why do you want to work at Buffalo Mountain Food Co-op?

Have you had any training at Buffalo Mountain Coop? If so, what kind, when?

Are you currently employed?

How did you hear about the job?

In which of the following areas of the store would you be interested in working?

- Cashier
- Cleaning / Maintenance
- Grocery restocking
- Produce – *experience required*
- Food Service – *experience required*
- Outreach & Education
- Specific position.
- Other:

Availability (NOTE – evenings and weekend are preferred)

On what date you would be available to start?

In the space below please indicate the times you are available during the week.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Relevant Experience
(please start with the most current)

Business Name:
Title / Responsibilities

Dates employed:

Business Name:
Title / Responsibilities

Dates employed:

Business Name:
Title / Responsibilities

Dates employed:

References

please list two work and two personal references.

Work References – Names and phone numbers

Personal References – Names and phone numbers

Any other pertinent job-related experience you'd like us to know about (interests, hobbies, life experience...)

•If applying for a management position, please include a Resume and Letter of Intent

Administrative Use Only *(please initial and date)*

	Filed for later	Called for interview
Interview	References called	Rejection letter sent / Called