



Please read before filling out the application.

Thank you for taking the time to fill out this application.

The people who make up Ever'man Cooperative Grocery & Cafe are the foundation on which the ultimate success of our co-op rests. And one way or another, everyone at Ever'man has passed through some version of the application process that you are just now beginning.

Working at Ever'man is unlike working at any other retailer in Pensacola. Why? One reason is because we are one of only three grocery retail cooperatives in the state of Florida. Another reason is our employees are committed to the cooperative experience.

Part of your Ever'man experience will mean making a serious commitment to learning. As we educate you on cooperatives, natural and organic foods, herbs, supplements, and environmental products you will learn so that you can educate and inform our shoppers. Your newly found knowledge and customer service skills will help to create an exceptional workplace. We understand the Ever'man lifestyle may not be for everyone, but if you think this is the job is for you, we encourage you to fill out this application.

We look forward to getting to know you during the interview process. Thank you again for applying at Ever'man Cooperative Grocery & Cafe.

315 West Garden Street | Pensacola, FL 32502
Phone: 850.438.0402 | Fax: 850.434.2628
jobs@everman.org | www.everman.org

Instructions for Submitting Application

The form can be submitted in either of the following two methods:

1) Fill in the form online **using Acrobat Reader**; when finished, click on the Submit Application button on the bottom of the last page. This will walk you through opening an email application to submit the completed form as an attachment to: jobs@everman.org.

Note: Most browsers include a basic pdf reader, but this browser-based reader may not be successful with filling out and emailing a completed form.

2) The application can be saved to your device as an Acrobat pdf file. **Use Acrobat Reader** to fill out the form and send it as an attachment to: jobs@everman.org.

Application for Employment

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name Social Security #

last first middle

Address

Telephone Mobile/Beeper/Other/Phone# E-mail Address

Position(s) applied for Date of application

Referral Source (Please check the appropriate category and name the source.)

<input type="checkbox"/> Walk-in	<input type="text"/>	<input type="checkbox"/> School	<input type="text"/>
<input type="checkbox"/> Employee	<input type="text"/>	<input type="checkbox"/> Job Fair	<input type="text"/>
<input type="checkbox"/> Advertisement	<input type="text"/>	<input type="checkbox"/> Staffing Agency	<input type="text"/>
<input type="checkbox"/> Company's Website	<input type="text"/>	<input type="checkbox"/> Government Employment Agency	<input type="text"/>
<input type="checkbox"/> Other Internet	<input type="text"/>	<input type="checkbox"/> Other	<input type="text"/>

If necessary, best time to call you at home is _____ AM PM

May we contact you at work? Yes No

If yes, work number and best time to call. _____ AM PM

If you are under 18 and it is required, can furnish a work permit? Yes No

If no, please explain _____

Have you submitted an application here before? Yes No

If yes, give date(s) and position(s) _____

Have you ever been employed here before? Yes No

If yes, give dates: From _____ To _____

Are you legally eligible for employment in this country? Yes No

Date available for work _____

What is your desired salary range or hourly rate of pay?
\$ _____ Per _____

Type of employment desired Full-Time Part-Time

Educational Co-op Seasonal Temporary

Will you relocate if the job requires it? Yes No

Will you travel if the job requires it? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position? N/A Yes No

Will you work overtime if required? Yes No

If no, please explain: _____

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accomidation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about existance of a disability, particular accomodation, or whether accomodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying.

_____ State _____

Have you ever been bonded? Yes No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied will be taken into account.

Have you ever pleaded "guilty" or no-contest to, or been convicted of a crime? Yes No

If yes, please provide date(s) and details.

Have you ever been a defendant in a civil action for an intentional tort (e.g., a civil charge for assault battery, intentional infliction of emotional distress, false imprisonment, wrongful death, etc.)? Yes No

If yes, please provide nature of the tort and disposition of the matter (how it was resolved).

Have you entered into an agreement with any former employer or other party (such as a non-competition agreement) that might, in any way, restrict your ability to work for our company?

If yes, please explain: _____

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone #	Dates employed:	to
Street Address	City	State	
Starting job title/ final job title	Compensation (Starting) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary		
Immediate supervisor and title (for most recent position held)	Commision/Bonus/Other Compensation \$		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary		
Why did you leave?			
Summarize the type of work performed and job responsibilities.			
What did you like the most about your position?			
What were the things you liked the least about the position?			

Employer	Telephone #	Dates employed:	to
Street Address	City	State	
Starting job title/ final job title	Compensation (Starting) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary		
Immediate supervisor and title (for most recent position held)	Commision/Bonus/Other Compensation \$		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary		
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Immediate supervisor and title (for most recent position held)	Commision/Bonus/Other Compensation \$		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary		
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Immediate supervisor and title (for most recent position held)	Commision/Bonus/Other Compensation \$		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary		
Why did you leave?			
Summarize the type of work performed and job responsibilities.			
What did you like the most about your position?			
What were the things you liked the least about the position?			

Employment History

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If yes, Please explain: _____

Skills and Qualifications

Summarize any special training, skills, licenses and/ or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

Word Processing	_____	Years: _____	Internet	_____	Years: _____
Spreadsheet	_____	Years: _____	Other	_____	Years: _____
Presentation	_____	Years: _____	Other	_____	Years: _____
E-mail	_____	Years: _____	Other	_____	Years: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (Include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other	<input type="checkbox"/> GED	
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other	<input type="checkbox"/> GED	
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other	<input type="checkbox"/> GED	
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other	<input type="checkbox"/> GED	

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not Applicable

If yes, please explain: _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president. It is agreed and understood that all final candidate job offers are contingent upon Everman Natural Foods prescribed drug screening.

I understand that if I am hired, my employment will be subject to a probationary period, which ordinarily will not exceed 90 days from the date I am hired. If I am discharged at any time during the probationary period for unsatisfactory performance, I understand that this employer will not be charged for any unemployment benefits that may be paid to me for work I performed during the probationary period.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____