



44 West Main St.  
Spokane, WA 99201  
509-458-2667  
Mainmarket.coop

# Employment Application

Main Market Co-Op is an Equal Opportunity Employer and a Drug and Alcohol-Free Environment. We support a culture of inclusion and diversity.

Main Market Co-op complies with the law regarding reasonable accommodation for disabled workers. Applicants requiring reasonable accommodation to participate in the interview process are asked to contact Human Resources. hr@mainmarket.coop

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Position Applying For/Interested In \_\_\_\_\_ Date Available to Start \_\_\_\_\_ Wage Desired \_\_\_\_\_

## GENERAL INFORMATION

Availability:  Full Time  Part Time  Temporary  Weekends  
 Shift Preferred:  Mornings  Afternoons  Evenings  
 If offered, are you available to work overtime?  Yes  No  
 Were you referred by a current employee?  Yes  No If Yes, who? \_\_\_\_\_  
 Have you worked at the Co-Op before?  Yes  No If Yes, employment dates? \_\_\_\_\_  
 Have you applied at the Co-Op before?  Yes  No If Yes, when? \_\_\_\_\_  
 Are you able to perform the essential functions of the job for which you are applying, with our without accomodation?  
 Yes  No  
 Are you lawfully authorized to work in the United States?  Yes  No  
 Are you currently a member of the Co-Op?  Yes  No  
 Are you over 18 years of age?  Yes  No  
 If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

## WORK HISTORY – Begin with present or most current employment

Employer	Address	Phone
Position Held	Name/Title of Supervisor	Start/End Date
Reason for Leaving	May we Contact?	
Employer	Address	Phone
Position Held	Name/Title of Supervisor	Start/End Date
Reason for Leaving	May we Contact?	

**WORK HISTORY CONT'D**

Employer	Address	Phone
Position Held	Name/Title of Supervisor	Start/End Date
Reason for Leaving	May we Contact?	
Employer	Address	Phone
Position Held	Name/Title of Supervisor	Start/End Date
Reason for Leaving	May we Contact?	

**EDUCATION AND TRAINING**

School	Name and Address of School	Number of Years Completed	Degree/Course of Study
High School			
Undergraduate College			
Graduate/Professional			
Other (Specify)			

**SKILLS/KNOWLEDGE/ACCOMPLISHMENTS/VOLUNTEER WORK**

Summarize special skills, qualifications, interests or accomplishments you have that may be useful to the position. (Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

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We are an equal opportunity employer, and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law. If you would like us to consider special arrangement to accommodate a physical or mental disability, you may suggest the kind of accommodation you believe would be appropriate.

I attest that all information I provide to the Company is true and accurate and understand that falsification of information may result in denial of employment or discharge. I authorize any provided references to give you any information concerning my previous employment and release all such parties from liability for any damage that may result from furnishing such information to you. I understand that this application is neither an expressed nor implied contract of employment. I further understand that any employment with the Company is "at-will" and that all parties have the right to terminate an employment relationship at any time, with or without reason or advance notice.

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**Signature of Applicant**


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**Date**