



# Flatbush Food Co-op

## Application For Employment

1415 Cortelyou Road  
Brooklyn NY 11226  
718-284-9717  
[www.flatbushfood.coop](http://www.flatbushfood.coop)

**Please print all answers in black or blue ink. Incomplete or illegible applications will not be processed.** If you need more room to answer questions additional paper may be attached. If you need help filling out this application, please contact the Human Resources department. This application is intended for use in evaluating your qualifications for employment and is not an employment contract. Flatbush Food Co-op is an At-Will employer. All qualified applicants will receive consideration without discrimination on basis of race, color, creed, religion, national origin, sex, marital status, genetic information, 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. Applications are considered active for six (6) months from time of completion.

|                                                                                                                                                        |                                                                                                    |                                                                                                 |                                                     |                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------|
| Date                                                                                                                                                   | Name                                                                                               |                                                                                                 |                                                     |                                                    |
| Address                                                                                                                                                |                                                                                                    | City                                                                                            | State                                               | Zip                                                |
| Phone Number                                                                                                                                           | Mobile Number                                                                                      | Email Address                                                                                   |                                                     |                                                    |
| Are you over the age of 18? Yes No                                                                                                                     | If you are hired, can you provide proof that you are eligible to work in the United States? Yes No |                                                                                                 | Employment Desired<br>Part-time Full-time           |                                                    |
| What jobs/departments interest you at the co-op?<br>(Circle all that apply)<br><br>Cashier Produce Grocery Administration<br>Wellness Deli Maintenance |                                                                                                    | Available<br>Start<br>Date                                                                      | Have you applied to the Co-op before? If yes, when? | Have you worked at the Co-op before? If yes, when? |
| Are you able to perform the essential functions of the job with or without reasonable accommodation? Yes No                                            |                                                                                                    |                                                                                                 |                                                     |                                                    |
| How did you hear about this position? (Include name if referred by a current or former employee or member-owner)                                       |                                                                                                    |                                                                                                 |                                                     |                                                    |
| Are you related to or otherwise in a relationship with anyone currently employed at the Co-op? List name(s):                                           |                                                                                                    |                                                                                                 |                                                     |                                                    |
| If hired, how many months/years can you commit to this position?                                                                                       |                                                                                                    | Do you speak two or more languages? Please list any languages you can speak other than English: |                                                     |                                                    |
| Why are you interested in working at Flatbush Food Co-op?                                                                                              |                                                                                                    |                                                                                                 |                                                     |                                                    |
| Briefly explain the experiences or skills which you feel would qualify you for the position for which you are applying.                                |                                                                                                    |                                                                                                 |                                                     |                                                    |
| What does exceptional customer service mean to you? Give an example.                                                                                   |                                                                                                    |                                                                                                 |                                                     |                                                    |

## Education

|             |                |                 |       |
|-------------|----------------|-----------------|-------|
| School Name | Years Attended | Degree Received | Major |
|             |                |                 |       |
|             |                |                 |       |

## Employment History

|                           |                           |           |       |                                      |
|---------------------------|---------------------------|-----------|-------|--------------------------------------|
| Employer/Company          |                           | Job Title |       | Dates Employed                       |
| Work Phone                | Supervisor name and title |           |       | May we contact this employer? Yes No |
| Address                   |                           | City      | State | Zip                                  |
| Main Job Responsibilities |                           |           |       |                                      |
| Reason for Leaving        |                           |           |       |                                      |

|                           |                           |           |       |                                      |
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|                           |                           |           |       |                                      |
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| Address                   |                           | City      | State | Zip                                  |
| Main Job Responsibilities |                           |           |       |                                      |
| Reason for Leaving        |                           |           |       |                                      |

## References *(please supply at least two professional or personal references)*

| Name | Company/Title or Relationship | Phone |
|------|-------------------------------|-------|
|      |                               |       |
|      |                               |       |
|      |                               |       |

**CERTIFICATION AND RELEASE** I certify that I have read and understand the applicant note on this form and that the answers given by me and statements made by me on this application are complete and true to the best of my knowledge. I understand that providing false information 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 parties from liability for any damages for issuing the information.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_