



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 Natural Foods Cooperative 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 Natural Foods Co-op.

315 West Garden Street • Pensacola, FL 32502
(850) 438-0402 • (850) 434-2628
Email: info@everman.org • web: www.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
Street City State Zip Code

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 <input type="text"/> |
| <input type="checkbox"/> Other Internet <input type="text"/> | Employment Agency <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 you 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 job requires it? Yes No

Will you travel if 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 accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation 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 for 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 | Compensation (Starting) | |
| Starting job title/final job title | State | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary | \$ _____ per |
| Immediate supervisor and title (for most recent position held) | | Commission/Bonus/Other Compensation \$ _____ | |
| May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | | Compensation (Final) | |
| Why did you leave? | | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary | \$ _____ per |
| Summarize the type of work performed and job responsibilities. | | Commission/Bonus/Other Compensation \$ _____ | |
| What did you like most about your position? | | | |
| What were the things you liked least about the position? | | | |

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

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

| | | | |
|---|-------------|---|--------------|
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| Starting job title/final job title | State | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary | \$ _____ per |
| Immediate supervisor and title (for most recent position held) | | Commission/Bonus/Other Compensation \$ _____ | |
| May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | | Compensation (Final) | |
| Why did you leave? | | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary | \$ _____ per |
| Summarize the type of work performed and job responsibilities. | | Commission/Bonus/Other Compensation \$ _____ | |
| What did you like most about your position? | | | |
| What were the things you liked least about the position? | | | |

Employment History (continued)

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.)

| | | | | | |
|--|-------|--------------|-----------------------------------|-------|--------------|
| <input type="checkbox"/> Word Processing | _____ | Years: _____ | <input type="checkbox"/> Internet | _____ | Years: _____ |
| <input type="checkbox"/> Spreadsheet | _____ | Years: _____ | <input type="checkbox"/> Other | _____ | Years: _____ |
| <input type="checkbox"/> Presentation | _____ | Years: _____ | <input type="checkbox"/> Other | _____ | Years: _____ |
| <input type="checkbox"/> E-mail | _____ | Years: _____ | <input type="checkbox"/> 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"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other | | |
| | | <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other | | |
| | | <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other | | |
| | | <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other | | |

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, resumé 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 _____

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

▶ See separate instructions.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ▶ _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number (____) _____ - _____

If you are under age 40, enter your date of birth (month, day, year) ____/____/____

- 1 Check here if you are completing this form **before** August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.
- 2 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a Received SNAP benefits (food stamps) for the past 6 months, **or**
 - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years **and**, for at least 4 weeks during the past year, I received unemployment compensation.
 - I am at least age 16 but **not** age 25 or older, **and**:
 - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, **and**
 - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, **and**
 - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate **or** I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability **and**, during the past year, you were:
 - Discharged or released from active duty in the U.S. Armed Forces, **or**
 - Unemployed for a period or periods totaling at least 6 months.
- 5 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months, **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ _____

Date ____ / ____ / ____

For Employer's Use Only

Employer's name Telephone no. () - EIN ▶

Street address

City or town, state, and ZIP code

Person to contact, if different from above Telephone no. () -

Street address

City or town, state, and ZIP code

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6)

Date applicant: Gave information / / Was offered job / / Was hired / / Started job / /

Complete Only If Box 1 on Page 1 is Checked

State and county or parish of job

Check if the individual was not your employee on August 28, 2005, and this is the first time the employee has been hired by you since August 28, 2005.

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete.

Employer's signature Title Date / /

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment.

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping3 hrs., 16 min.
Learning about the law or the form46 min.
Preparing and sending this form to the SWA42 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.

Do not send this form to this address. Instead, see When and Where To File in the separate instructions.