



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
Phone	Email			

Position Applying For/Interested In	Date Available to Start	Wage Desired
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### 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**