



New Frontiers Natural Marketplace

# Application For Employment

At the heart of New Frontiers is the desire to inspire personal growth and positive change. We do this by providing healthy choices, by educating ourselves and others, and by creating a delightful experience. We embrace every opportunity to improve the quality of life, in our relationships, in our communities, and in our world. Together, we can make a difference by enhancing everyone's well-being, one person at a time.

## Personal Information

Name (last, first, middle)		Today's Date	
Address	City	State	Zip Code
Phone Number	2nd Phone or Message		
Social Security Number	Driver's License Number		
Names of Friends or Relatives Employed by New Frontiers		Referred By	
Do you hold a Food Handler's Permit?      yes      no			
Have you previously applied for a position with New Frontiers?      yes      no      If yes, when?			
What interested you in New Frontiers?			
Emergency Contact Phone Number		Relationship	

### Position(s) desired (please rank in order of preference)

- \_\_\_\_\_ grocery
- \_\_\_\_\_ supplements/bodycare \_\_\_\_\_
- \_\_\_\_\_ produce
- \_\_\_\_\_ meat \_\_\_\_\_
- \_\_\_\_\_ dairy
- \_\_\_\_\_ bulk \_\_\_\_\_
- \_\_\_\_\_ frozen
- \_\_\_\_\_ deli counter \_\_\_\_\_
- \_\_\_\_\_ deli/kitchen
- \_\_\_\_\_ cashier \_\_\_\_\_
- \_\_\_\_\_ bookkeeping

New Frontiers Natural Marketplace is an equal opportunity employer. It considers applicants for all positions without regard to race, creed, color, gender, pregnancy or related condition, age, national origin, disability, medical condition (including genetic characteristics), marital or veteran status, religion, sexual orientation, or any other characteristic protected by the state, federal or local laws.

### Please list the days and times you are available for work:

Max. hours per week: \_\_\_\_\_ Min. hours per week: \_\_\_\_\_  
 Any day, any time? \_\_\_\_\_ When can you start? \_\_\_\_\_

(circle one)  
 Full Time / Part Time

Desired Starting Wage  
 \_\_\_\_\_/hr.

#### Sunday

from:  
to:

#### Monday

from:  
to:

#### Tuesday

from:  
to:

#### Wednesday

from:  
to:

#### Thursday

from:  
to:

#### Friday

from:  
to:

#### Saturday

from:  
to:

New Frontiers makes every effort to accommodate Team Member's scheduling needs, but we **cannot guarantee** a set or specific work schedule.

# Employment History

In the following spaces give a complete record of your employment, including periods of unemployment and self-employment, if any. Begin with your most recent employment and work back. Do not leave blanks and do not write, "See resume." (If additional space is needed, attach a supplementary sheet.)

1. Employer \_\_\_\_\_ Starting position \_\_\_\_\_  
 Employed from \_\_\_\_\_ to \_\_\_\_\_ Last position \_\_\_\_\_  
 Address \_\_\_\_\_ Name & title of supervisor \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Starting pay \_\_\_\_\_ Final pay \_\_\_\_\_  
 Telephone \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ Duties \_\_\_\_\_

2. Employer \_\_\_\_\_ Starting position \_\_\_\_\_  
 Employed from \_\_\_\_\_ to \_\_\_\_\_ Last position \_\_\_\_\_  
 Address \_\_\_\_\_ Name & title of supervisor \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Starting pay \_\_\_\_\_ Final pay \_\_\_\_\_  
 Telephone \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ Duties \_\_\_\_\_

3. Employer \_\_\_\_\_ Starting position \_\_\_\_\_  
 Employed from \_\_\_\_\_ to \_\_\_\_\_ Last position \_\_\_\_\_  
 Address \_\_\_\_\_ Name & title of supervisor \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Starting pay \_\_\_\_\_ Final pay \_\_\_\_\_  
 Telephone \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ Duties \_\_\_\_\_

## Additional Inquiries Concerning Employment History

(If you require additional space in responding to these inquiries, continue on a separate sheet.)

May we contact your present employer?    yes    no

Your previous employers?    yes    no

Please identify any exceptions and reasons why we may not contact either your present or previous employer.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been terminated, dismissed or forced to resign from any employment?    yes    no

If yes, identify name(s) and relevant dates and the reason for the action taken against you:

\_\_\_\_\_  
 \_\_\_\_\_

In order to permit a check of your work and education records, should we be made aware of any change of or assumed name that you previously used?    yes    no

If yes, identify your other name(s) and the name(s) of the employers and relevant dates during which you used the name(s).

## Education

School (print full name, city and state for each school)	# of years	Degree	Major course of study
High School			
College			
Graduate School			
Trade, Business, Night or Corresp.			
Other Training or Education			

## Other Special Skills

Describe any special job-related skills, training, or qualifications that would support your application

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Are you willing and available to work overtime as requested?

yes      no

Are you at least 18 years of age?

yes      no

## General Information

If employment is offered, can you submit documents required by the Immigration and Naturalization Service verifying your legal right to work in the U.S.?

yes      no

Can you perform the essential functions of the job for which you have applied with or without reasonable accommodation?

yes  
no

If necessary, please describe what type(s) of reasonable accommodations are needed:

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Have you ever been convicted of (or pleaded guilty or nolo contendere) to a crime? (Do not identify marijuana-related misdemeanor convictions occurring more than two years ago, convictions for which the criminal record has been expunged, sealed or eradicated by the court, or misdemeanor convictions for which any probation has been completed and the case dismissed by the court.)

yes      no

(An affirmative response will not automatically disqualify you from being considered as a candidate for employment.)

If "yes", please fully explain each conviction and any punishment.

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## References

*Please provide the names of three individuals, not related to you, who have knowledge of your work performance within the last three years.*

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Occupation \_\_\_\_\_  
Number of Years Acquainted \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Occupation \_\_\_\_\_  
Number of Years Acquainted \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Occupation \_\_\_\_\_  
Number of Years Acquainted \_\_\_\_\_

## Applicant's Statement

I hereby affirm that the information provided on this application (and the accompanying resume, if any) is true and complete to the best of my knowledge, and agree to have any of the statements checked by New Frontiers Natural Marketplace unless I have indicated to the contrary. I understand that providing any false or misleading information or omitting information may disqualify me from further consideration for employment and may result in my immediate termination if discovered at a later date.

I authorize New Frontiers Natural Marketplace to conduct a thorough investigation of my past employment and activities, and authorize all references provided in this application, as well as all other individuals whom New Frontiers Natural Marketplace or its representative contact, to provide all information they have about me. Furthermore, I agree to cooperate in such investigation, and release from all liability or responsibility New Frontier Natural Marketplace, all persons acting on its behalf, and all persons or entities requesting or supplying such information to New Frontiers Natural Marketplace.

A photocopy of this signed page may be provided to any listed reference, employer, or educational facility to authorize the release of such information to New Frontiers Natural Marketplace.

I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and legal authorization to work in the United States. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.

In consideration of my employment, I agree to conform to the rules and standards of New Frontiers Natural Marketplace as amended from time to time by New Frontiers Natural Marketplace in its discretion. I agree that if I am hired, my employment will be terminable at-will, which means that I will not be employed for any specified time, and that I may quit and New Frontiers Natural Marketplace may end my employment at any time, without advance notice and without cause. I understand that no employee or representative of New Frontiers Natural Marketplace other than the President/CEO has any authority to enter into any agreement for employment for any period of time or to make any agreement contrary to the foregoing. Further, if I am hired, no one may alter the at-will nature of the employment relationships unless the Company expresses a clear intent to do so in a specific written agreement signed by both me and the President/CEO.

I understand that, if I am hired, this application shall constitute the terms of my employment contract as an at-will employee of New Frontiers Natural Marketplace and it shall supersede any and all prior oral or written representations which may have been made to me.

**Date** \_\_\_\_\_ **Signature of Applicant** \_\_\_\_\_