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

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

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

1. grocery
2. supplements/bodycare
3. produce
4. meat
5. dairy
6. bulk
7. frozen
deli counter
9. deli/kitchen
cashier
10. bookkeeping

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

Max. hours per week: _______ Min. hours per week: _______

<table>
<thead>
<tr>
<th>Day</th>
<th>From</th>
<th>To</th>
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<tbody>
<tr>
<td>Sunday</td>
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<td>Friday</td>
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<tr>
<td>Saturday</td>
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(circle one)
Full Time / Part Time
Desired Starting Wage _______/hr.

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.

**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.)

<table>
<thead>
<tr>
<th>Employer</th>
<th>Starting position</th>
<th>Employed from</th>
<th>Last position</th>
<th>Address</th>
<th>Name &amp; title of supervisor</th>
<th>City, State, Zip</th>
<th>Reason for Leaving</th>
<th>Telephone</th>
<th>Duties</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>School</th>
<th># of years</th>
<th>Degree</th>
<th>Major course of study</th>
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</thead>
<tbody>
<tr>
<td>High School</td>
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<tr>
<td>College</td>
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<tr>
<td>Graduate School</td>
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<tr>
<td>Trade, Business, Night or Correspondence</td>
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<tr>
<td>Other Training or Education</td>
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</table>

### 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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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 __________________________