Application for Employment

Village Market 806 S. Main Street Fond du Lac, WI 549 920-922-2265	35					
Date		Over 18?	Over 21?			
Last Name	eFirst Name					
Street Address						
City	State	2	Zip			
Email Address		Phone_				
Your preferred method a	nd time to be conta	acted				
Specify what position(s) Do you know anyone wh						
Are you presently employ	yed? If so, fo	r whom?				
Availability: Mornings	Evenings	_ Afternoons	_ Weekends			
List last three employers	, dates, and reaso	n for leaving.				
1						
2						
3.						
Describe briefly your con Office, purchase orders,						
What customer service e	xperience, skills o	r training do you h	ave to offer?			
Describe briefly if you ha	ive cash register e	xperience				

Please complete the back side of this application

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Check the	tollowing	todics	vou nave	interest o	r experience:
••			J		

√ Int.	√ Exp.	Торіс		√ Int.	√ Exp.	Торіс
		Healthy Eating				Beauty & Skin Care
		Diet/Nutrition				Organic Products
		Gardening				Health Trends
		Kitchen Experience				Non GMO
		Cooking/Baking				Fair Trade
		Food Preparation				Food Safety
		Restricted Diets				Buying Local
		Alternative Healing				Agriculture
		Food Supplements				Environment Issues
		Detoxification				Marketing
		Digestion				Exercise

Education completed - HS diploma or equivalent desired but not required:

Present or Future Education Goals:

General Interests, hobbies or favorite recreation:

What are your future career goals or ambitions?

Please attach any additional information you wish to include.

Application will not be considered without this form.

Work Availability Form

Name _____

<u>Availability</u> I would like to work: (Check all that apply)

□ Part time (5-20 hrs/wk) □ Full time (30-35 hrs/wk)

Minimum Number of hours requested per week_____

Maximum number of hours requested per week_____

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
From:							
To:							

Availability does not guarantee number of hours to be scheduled. All hours scheduled are based on budget, skill, availability and management discretion.

Signature _____

Date _____