

JOB APPLICATION



Or Apply online at:
genatural.com/careers

Which GE location(s) interest you?

Mill Valley Store

Fairfax Store

School Lunch Novato

DATE _____

NAME _____

STREET ADDR. _____ CITY _____ ZIP _____

PHONE #1 _____ PHONE #2 _____

EMAIL _____

DO YOU KNOW ANYONE WHO WORKS AT GOOD EARTH?

HAVE YOU EVER WORKED AT GOOD EARTH (IF SO, WHEN AND WHAT DEPARTMENT)?

WHICH DEPT(S) ARE YOU INTERESTED IN? - PLEASE CIRCLE EACH THAT APPLIES

BAKERY	FLORAL	MAINTENANCE	REFRIGERATED FOODS
BULK FOODS	GROCERY	MEAT/SEAFOOD	SCHOOL LUNCH
CAFE	KITCHEN PRODUCTION	OFFICE	SUPPLEMENTS
CASHIER OR BAGGER	KITCHEN SERVICE	PRODUCE	WINE/CHEESE

PLEASE CIRCLE NUMBER OF HOURS DESIRED:

LESS THAN 30/WEEK (PT)

30 OR MORE/WEEK (FT)

EITHER IS OKAY

WAGE REQUIRED _____ WHEN CAN YOU START? _____

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES _____ NO _____

ARE YOU 18 YRS OF AGE OR OLDER? YES _____ NO _____

(IF NO, YOU MAY BE REQUIRED TO PROVIDE AUTHORIZATION TO WORK)

CAN YOU WORK WEEKENDS? YES _____ NO _____

ARE THERE ANY SPECIFIC DAY/HOURS THAT YOU CANNOT WORK EACH WEEK? LIST HERE:

HOW LONG DO YOU ANTICIPATE BEING UNABLE TO WORK THOSE DAYS/HOURS?

ANY PLANS OR COMMITMENTS (SCHOOL, VACATIONS) THAT MIGHT AFFECT YOUR WORK SCHEDULE
IN THE NEXT 3 - 6 MONTHS?

OVER

JOB APPLICATION

WHAT IS YOUR KNOWLEDGE OF OR EXPERIENCE WITH ORGANIC & NATURAL FOODS?

WHY DO YOU WANT TO WORK HERE?

PLEASE LIST YOUR LAST THREE EMPLOYERS:

NAME OF COMPANY _____
ADDRESS _____ CITY _____ STATE ____ ZIP _____
EMPLOYED FROM _____ TO _____
SUPERVISOR _____ PHONE _____
TYPE OF WORK DONE _____
REASON FOR LEAVING _____

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ADDRESS _____ CITY _____ STATE ____ ZIP _____
EMPLOYED FROM _____ TO _____
SUPERVISOR _____ PHONE _____
TYPE OF WORK DONE _____
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SUPERVISOR _____ PHONE _____
TYPE OF WORK DONE _____
REASON FOR LEAVING _____

NAMES OF COLLEGE(S) ATTENDED (W/ CITY/STATE) _____
DEGREES AWARDED/YEARS COMPLETED _____

“I, _____, UNDERSTAND THAT IF I AM HIRED, EMPLOYMENT WITH GOOD EARTH NATURAL FOODS IS “AT WILL,” WHICH MEANS THAT EITHER GOOD EARTH NATURAL FOODS OR I CAN TERMINATE MY EMPLOYMENT FOR ANY REASON NOT PROHIBITED BY LAW. I HEREBY AUTHORIZE THIS COMPANY TO INVESTIGATE ANY ASPECT OF MY PRIOR EDUCATIONAL AND EMPLOYMENT HISTORY. I HEREBY CERTIFY THAT MY ANSWERS AND ASSERTIONS SET FORTH IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR MY DISMISSAL.”

SIGNATURE _____ DATE _____