

Application for Employment

| Today's date | (Must be filled in) |
|-----------------------------------|---------------------|
| Job(s) / Position(s) applying for | (Must be filled in) |

This application will remain active for **90 days**. Applicants must renew their applications every 90 days to maintain "active" status and be considered for other job openings. There is no need to follow up about your application submission. We will contact you if we have a position open and your background, experience, and availability match the job requirements.

| GENERAL INFORMATION | GENERA | l info | RMAT | ION |
|---------------------|--------|--------|------|-----|
|---------------------|--------|--------|------|-----|

| Name | | Email |
|---------|-------|--------------|
| Address | | Phone number |
| City | State | Zip code |

EMPLOYMENT RECORD: STARTING with PRESENT / MOST RECENT, list ALL employers. Include self-employment, military service, summer, and part-time jobs. *Please attach additional sheets if necessary, following the same format*.

| Name & Address of F | Present / Former Employer | Dates Position & Duties Employed (describe in top box) | | Salary | Reason for Leaving |
|---------------------|---------------------------|--|---------------------------|----------------|--------------------|
| Company Name | Phone | From (Mo./Yr.) | | Starting \$ | |
| No. & Street | | To (Mo./Yr.) | | Leaving | |
| City & State | Zip | | Supervisor's Name (below) | \$ | |
| Company Name | Phone | From (Mo./Yr.) | | Starting \$ | |
| No. & Street | | To (Mo./Yr.) | | Leaving | |
| City & State | Zip | | Supervisor | \$ | |
| Company Name | Phone | From (Mo./Yr.) | | Starting \$ | |
| No. & Street | | To (Mo./Yr.) | | Leaving | |
| City & State | Zip | | Supervisor | \$ | |
| Company Name | Phone | From (Mo./Yr.) | | Starting \$ | |
| No. & Street | | To (Mo./Yr.) | | Leaving | |
| City & State | Zip | | Supervisor | \$ | |
| Company Name | Phone | From (Mo./Yr.) | | Starting \$ | |
| No. & Street | | To (Mo./Yr.) | | Leaving | |
| City & State | Zip | | Supervisor | \$ | |

REFERENCES (No relatives please)

| Name | Occupation |
|---------|---------------|
| Address | Telephone No. |
| Name | Occupation |
| Address | Telephone No. |

EDUCATION

| _ | Name of School | Address | No. of Yrs. Attended | Degrees |
|--------------------------------------|----------------|---------|-------------------------|---------|
| High School | | | | |
| University/ College | | | | |
| Other (trade school, licenses, etc.) | | | | |

| PLEASE COMPL | ETE THE FOLL | OWING QUESTIC | DNS | | | | | |
|--------------------------------------|--|---|--|--|--|--|---|-------------------------------|
| 1. Why do you | want to work fo | r Down to Earth | n? | | | | | |
| 2. How many tin | mes have you sl | hopped at Down | to Earth or othe | er natural foods | stores in the pas | st month? | | |
| 3. What are you | r thoughts abou | t vegetarian die | ts? | | | | | |
| 4. Do you use o | r smoke tobacco | o-hased product | s? | | | | | |
| · • | | • | | | | | | |
| 5. What type of If <i>part-tin</i> | | | | TIME (35+ hour ld you like to we | ŕ | • | | - |
| 6. If we invite y | ou to join our te | eam, how long d | lo you intend to | stay with us? _ | | | | |
| 7. Please circle (Approximate shi | | | | fter 10 am, Evenii | ng: After 2 pm; St | tore Hours availab | ole online and pos | ted in store.) |
| | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |] |
| | MORNING | MORNING | MORNING | MORNING | MORNING | MORNING | MORNING | |
| | AFTERNOON | AFTERNOON | AFTERNOON | AFTERNOON | AFTERNOON | AFTERNOON | AFTERNOON | _ |
| | EVENING | EVENING | EVENING | EVENING | EVENING | EVENING | EVENING | |
| 8. How did you | u hear about the | e position? E.g. l | Internet (which | web site?), DTE | Team Member | , Other (please i | be specific): | |
| MEDICAL INFOR | RMATION | | | | | | | |
| expense and by | a Company-chose | n physician, with the | e offer of employme | n, applicants may be ent conditioned on the nation at Company | ne result of such ex- | amination. Team m | nembers, at any time | Company e during the |
| Are you able to | perform the essent | ial functions of this j | iob with or without re | easonable accomm | odation? | Applicant | Initials | - |
| OTHER | | | | | | | | |
| Do you know an | yone presently wor | king for our compa | ny? | _ If so, who? | | | | |
| NOTE | | | | | | | | |
| It is the policy of produce original | f this Company to h documents establi | nire only U. S. citize shing your identity a | ens and aliens who and authorization to | are authorized to w work, and to compl | ork in this country. lete the U. S. Immig | (As a condition of gration and Naturaliz | employment, you w zation Service's For | ill be required to m I-9.) |
| All job offers | are conditional u | _ | any criminal conv | s are made subject viction in the rece | | | period of incarce | ration), that is |
| | | | | | | | | |
| | best of my understand authorize ar | knowledge. I und that any misrepro | derstand that my esentation or om of the above or re | cation and attach application will n ission when disco elated work exper employment. | ot be considered overed, will subje | if it is incomplete ect me to dischar | e. Further, I | |
| | I understand | I that if I am emplo | yed, my employm | ate a contract. No nent is "at will" and and with or witho | d can be terminate | | | |
| | | Application Date | | | Applicant's S | ignature | | |