



11357 Donner Pass Rd. Truckee, CA 96161 (530)587-7426
 505 W. Lake Blvd. Tahoe City, CA 96145 (530)583-7426
 newmoonnaturalfoods.com

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Name:		Date:
Current Address:		Apt. #
City	State:	Zip:
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:	
	Alt. Phone:	

Position applying for:		
circle one:	Tahoe City Market	Truckee Market
		Crescent Café
Are you employed now?	Date you can start:	Hourly wage desired:
Have you applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No When?	Have you worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No When?	
How did you hear about this job opening? <input type="checkbox"/> Online <input type="checkbox"/> Walk-in <input type="checkbox"/> Friend: <input type="checkbox"/> Other?		

Education	Name & Location	Did you Graduate?	Years Att.	Subjects Studied:
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trade School		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Other specialty training/ areas of study:
Special skills:
Other languages:

Are you seeking seasonal or long term employment (1 year+)	Seasonal	Long Term
Are you seeking full time or part time employment?	Part Time	Full Time
New Moon is open 7 days a week. Are there any days or hours you are unavailable?		

Previous Employers: Please list below your last three employers starting with the most recent

Name of current or most recent employer:

Address:

City: State Zip:

Start date: Leave Date: Job Title:

Start Hourly Wage: End Hourly Wage: Hours worked per week: May we contact your supervisor?
 Yes No

Name of Supervisor: Supervisor's Title: Supervisor's Phone Number

Description of the work you performed:

Reason for leaving:

Name of previous employer:

Address:

City: State Zip:

Start date: End Date: Job Title:

Start Hourly Wage: End Hourly Wage: Hours worked per week: May we contact your supervisor?
 Yes No

Name of Supervisor: Supervisor's Title: Supervisor's Phone Number

Description of the work you performed:

Reason for leaving:

Name of previous employer:

Address:

City: State Zip:

Start date: Leave Date: Job Title:

Start Hourly Wage: End Hourly Wage: Hours worked per week: May we contact your supervisor?
 Yes No

Name of Supervisor: Supervisor's Title: Supervisor's Phone Number

Description of the work you performed:

Reason for leaving:

Please answer the following questions:

What is your personal experience with natural foods and/or supplements?

What is your experience with providing amazing customer service?

Why do you want to work at New Moon Natural Foods?

What two qualities make you an outstanding applicant for New Moon?

What is your favorite natural product and why?

If you could possess any super power, what would it be and why?

This job may require that you lift 50lbs. Do you have any physical limitations which might prevent you from doing so?

Please read carefully. Initial each paragraph and sign below.

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize New Moon Natural Foods to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above.

Initials

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Date

Applicant's Signature