



**Application for Employment**  
**Our Mission Statement**

Peggy's Natural Foods Mission is to successfully provide, both knowledge and quality products that support the holistic wellness of our community.

**Personal Information**

Full Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ Date you can begin working: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Social Security # : \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Cell: \_\_\_\_\_

Have you worked here before? \_\_\_\_\_ Any relatives employed with us? \_\_\_\_\_

Referral Source: \_\_\_\_\_ Pay Expected: \_\_\_\_\_

Are you legally eligible to work in the U.S.? \_\_\_\_\_ Are you over 18 years of age? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_ If yes, please explain:  
 \_\_\_\_\_

**Do you smoke?** \_\_\_\_\_

**Check which department(s) you are interested in**

- |                      |              |               |
|----------------------|--------------|---------------|
| ___ Any              | ___ Bulk     | ___ Inventory |
| ___ Cashier          | ___ Vitamins | ___ Office    |
| ___ Customer Service | ___ Bodycare | ___ Ordering  |
| ___ Stocking         | ___ Produce  | ___ POS       |

**Availability:**     **Full Time**                       **Part Time**

Sunday    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday  
 \_\_\_-\_\_\_    \_\_\_-\_\_\_    \_\_\_-\_\_\_    \_\_\_-\_\_\_    \_\_\_-\_\_\_    \_\_\_-\_\_\_    \_\_\_-\_\_\_

**Education**

High School      College University      Graduate Professional

|                        |       |       |       |
|------------------------|-------|-------|-------|
| School Name            | _____ | _____ | _____ |
| Location of School     | _____ | _____ | _____ |
| No. of Years Completed | _____ | _____ | _____ |
| Desc. Course of Study  | _____ | _____ | _____ |
| Did You Graduate?      | _____ | _____ | _____ |

Internship, Apprentice or Vocational? \_\_\_\_\_

**Work Experience**

**1.Company** \_\_\_\_\_ Telephone: \_\_\_\_\_

|                   |                           |
|-------------------|---------------------------|
| Address _____     | Employed                  |
|                   | From: _____ To: _____     |
| Supervisor: _____ | May we contact? _____     |
|                   | Rate of Pay               |
|                   | From: _____ To: _____     |
| Job Title: _____  | Reason for Leaving: _____ |

**2.Company** \_\_\_\_\_ Telephone: \_\_\_\_\_

|                   |                           |
|-------------------|---------------------------|
| Address _____     | Employed                  |
|                   | From: _____ To: _____     |
| Supervisor: _____ | May we contact? _____     |
|                   | Rate of Pay               |
|                   | From: _____ To: _____     |
| Job Title: _____  | Reason for Leaving: _____ |

**3.Company** \_\_\_\_\_ Telephone: \_\_\_\_\_

|                   |                           |
|-------------------|---------------------------|
| Address _____     | Employed                  |
|                   | From: _____ To: _____     |
| Supervisor: _____ | May we contact? _____     |
|                   | Rate of Pay               |
|                   | From: _____ To: _____     |
| Job Title: _____  | Reason for Leaving: _____ |

**Have you served in the armed forces?** \_\_\_\_\_ **If so, what branch?** \_\_\_\_\_

Describe any experience you have specific to the department(s) you are applying for:

Do you have any special interest or knowledge in the products we carry?

Please tell us why you would be an asset to our company:

**References:**

- 1. Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Company or Relationship \_\_\_\_\_
- 2. Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Company or Relationship \_\_\_\_\_
- 3. Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Company or Relationship \_\_\_\_\_

**Please read carefully, initial each paragraph and sign below**

\_\_\_\_\_ I here by authorize Peggy’s Natural Foods to thoroughly investigate my references, work record and education.

\_\_\_\_\_ I understand that nothing contained in the application or conveyed during any interview which may be granted or during my employment, if hired, is intended to create a contract between me and Peggy’s Natural Foods. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Peggy’s Natural Foods, and that no promises or representatives contrary to the foregoing are binding on Peggy’s Natural Foods unless by written resolution of the Peggy’s Natural Foods administration team.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Prospective applicants will receive consideration without discrimination because of race, color, religion, sex, natural origin, age, marital or veteran status, non-job related medical conditions or handicaps, or any other legally protected status.**

Please feel free to use the rest of this space or the back to include any additional information about yourself or to continue an answer to any previous question. Thank you for taking the time to thoroughly fill out this application.

You may send this directly to Human Resources at Peggy’s Natural Foods:

**5839 SE Federal Highway \* Stuart, FL 34997 \* 772-286-1401**

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# AVAILABILITY FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Effective Dates: Start \_\_\_\_\_ through \_\_\_\_\_

Student? Yes  No  Status: Full Time (35+hrs per week) \_\_\_\_\_ Part Time

Preferred Weekend Day Off: Sat  Sun  No Preference  Prefer to work both

Write in the times you are available to work. We will schedule within available times, not for the entire availability. For example, you may write available from 9:00 – 6:30 p.m. & we might schedule you from 10:00 – 6:30 p.m. Hint: Make your availability as broad as possible. If you are available for the entire shift write "open".

| <u>Notes</u> |           | <u>Availability</u> | <u>Comments</u> |
|--------------|-----------|---------------------|-----------------|
| _____        | MONDAY    | _____ until _____   | _____           |
| _____        | TUESDAY   | _____ until _____   | _____           |
| _____        | WEDNESDAY | _____ until _____   | _____           |
| _____        | THURSDAY  | _____ until _____   | _____           |
| _____        | FRIDAY    | _____ until _____   | _____           |
| _____        | SATURDAY  | _____ until _____   | _____           |
| _____        | SUNDAY    | _____ until _____   | _____           |

Ideal number of hours I would like to be scheduled per week: \_\_\_\_\_

Maximum number of hours I can be scheduled per week: \_\_\_\_\_

### Availability Policies:

- Employees may expand or increase their availability at any time during their employment.
- Changes to availability are subject to approval & must meet company needs. If requested changes to availability do not fall within the parameters of company needs the employee may not qualify for continued employment with the company or may be reduced to part time status.
- Employees are required to check and work their schedules.
- This Availability Form should accurately reflect when the employee is available to work. Weekly schedules are produced based on the information provided on this form. Employees will not be scheduled outside of their approved availability. Nature's Food Patch will make every effort to accommodate employee preferences, but **preferences are never guaranteed** and employees are required to work their shifts as scheduled.
- **All availabilities are subject to approval.** Your current availability stays in effect if a new availability is not approved. Approval is based on the needs of the company in order to meet store coverage.

I understand that my work schedule will be based on the days and times that I have indicated I am available to work. I have read, understand and agree to follow the Availability Policies listed above.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Availability Approved \_\_\_ Denied \_\_\_

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date