



3112 Henry St  
Norton Shores  
(231) 739-1568

700 Washington Ave  
Grand Haven  
(616) 846-3026

1519 East River Rd  
North Muskegon  
(231) 744-0852

356 W. Western Ave  
Muskegon  
(231) 571-9101

## Employment Application

Thank you for your interest in employment with the Health Hutt.

The Health Hutt strives to provide for all of our customer's healthy living needs and dietary restrictions with excellent customer service. Our goal is to be the best natural foods and supplement store in Western Michigan. We also strive to create a fun and rewarding work environment. It takes a team of friendly, committed, knowledgeable individuals working together.

This application is intended for use in evaluating your qualifications for employment. By signing this application you agree that the information is true, correct and complete. All qualified applicants will receive consideration without regard to race, color, creed, religion, national origin, gender, marital status, disability, sexual orientation, age, veteran's status, or other status or characteristics protected by law. In addition to the application, other assessments, including, but not limited to, interview, background verification and reference verification may be required prior to employment. This application will be considered active for sixty days. If you wish to be considered for employment after sixty days, or for a different position, you may have to complete another application.

Name \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_ Best way to reach you? \_\_\_\_\_

Which job(s) interest you? \_\_\_\_\_ Desired pay? \_\_\_\_\_

Maximum hours per week you would work? \_\_\_\_\_ Minimum? \_\_\_\_\_ When can you start? \_\_\_\_\_

Please write in times you are available to work. Shifts vary on position from 8am to 9:30pm

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Do you expect to be absent in the next 6 months? Please give dates. \_\_\_\_\_

Do you have commitments to another employer/school that would affect employment with us?

If yes, please explain:

WORK HISTORY: Please fill out completely - can include paid and unpaid. Resumes are encouraged.

Employer \_\_\_\_\_ Okay to contact? \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Contact person \_\_\_\_\_ Email \_\_\_\_\_  
Your Position \_\_\_\_\_ Pay Rate \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Okay to contact? \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Contact person \_\_\_\_\_ Email \_\_\_\_\_  
Your Position \_\_\_\_\_ Pay Rate \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Okay to contact? \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Contact person \_\_\_\_\_ Email \_\_\_\_\_  
Your Position \_\_\_\_\_ Pay Rate \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

REFERENCES: Please fill out completely; can include paid and unpaid. Resumes are encouraged.

Name	Address and Phone	Organization/Position	Years Known

EDUCATION

School/Program	Location	Graduate?	Degree/License/Cert

Please indicate by checking whether you have experience and/or interest in the following skills:

	EXP	INT		EXP	INT		EXP	INT
Retail			Sales			Merchandising		
Cashiering			Stocking			Inventory		
Food Prep			Customer Service			Computers		

Why would you like to work at the Health Hutt?

How familiar are you with the products the Health Hutt carries?

What are your most relevant employment positions or experiences?

List any other experience(s) or personal characteristics that you think make you well-suited for the Health Hutt.

How does the Health Hutt fit into your career plans and goals?

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If hired, can you provide evidence of your right to work in the U.S.? \_\_\_\_\_

Are you over 18 years old? \_\_\_\_\_

Have you been convicted of a felony? If yes please give a date, place, and nature of offense.

(An affirmative answer will not automatically disqualify you from being considered for employment.)

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#### CERTIFICATION AND AUTHORIZATION

I certify that I have read and understand this entire application and that the information given by me is true and correct to the best of my knowledge. I understand that any false information on the facts called for in this application may result in rejection of my application, or, if hired, immediate termination of employment.

I understand that submission of an application does not guarantee employment. I understand that employment with the Health Hutt is for no definite period of time, that both I and the Health Hutt have the right to terminate the relationship at any time. I understand that no representative of the Health Hutt has the authority to enter into any agreement guaranteeing any conditions of employment.

I authorize the Health Hutt to thoroughly investigate my work experience and any other matters related to the suitability of my employment. I authorize any and all schools, former employers, references, courts and any others who have information about me to release to the Health Hutt any information concerning my employment, including my job performance. Further, I release the Health Hutt, former employers and all other parties from any claims, demands, liability arising from, or in any way related to, disclosure of this information. I understand that if offered a job with Health Hutt, I may be required to submit to a background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of this pre-employment check will result in withdrawal of any employment offer or termination if already employed.

Signature of Applicant: \_\_\_\_\_