| Date of Ap                                                                                                                                                                                                                                        | plicatio              | n:                        |                                         |                                                         |                                                        |                                                          |                                                                |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------|-----------------------------------------|---------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------|-----------------------------|
| Applica                                                                                                                                                                                                                                           |                       | ore (541) 3               |                                         |                                                         | 41) 343-1                                              | NAT<br>748 E.<br>Eugen<br>email:                         | URAL FO<br>24th Avenu<br>e, OR 9740<br>sundance<br>41) 342-166 | OODS<br>ue<br>5<br>@efn.org |
| Just so you know: we consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, or the presence of non-job related medical condition or disability. |                       |                           |                                         |                                                         |                                                        |                                                          |                                                                |                             |
| Preferred p                                                                                                                                                                                                                                       | osition               | s (Check a                | nny):                                   |                                                         |                                                        |                                                          | _ <del>_</del>                                                 |                             |
|                                                                                                                                                                                                                                                   | ☐ Cas                 | shier                     | ☐ Kito                                  | hen/Salac                                               | l Bar                                                  | Stocking                                                 |                                                                |                             |
|                                                                                                                                                                                                                                                   | ☐ Pro                 | duce                      | ☐ Sup                                   | plements                                                |                                                        | ☐ Cheese                                                 |                                                                |                             |
| Shifts Desire                                                                                                                                                                                                                                     |                       | ☐ Days<br>lld work pe     |                                         | nings                                                   |                                                        | l Time 🚨 F                                               | Part-time 🗔                                                    | Labor Pool                  |
| Hours you a                                                                                                                                                                                                                                       |                       | able to wor               | k (please                               | · · · · · · · · · · · · · · · · · · ·                   | 1                                                      | 1                                                        |                                                                | 1                           |
|                                                                                                                                                                                                                                                   | Mon.                  | Tues.                     | Wed.                                    | Thur.                                                   | Fri.                                                   | Sat.                                                     | Sun.                                                           |                             |
| From To                                                                                                                                                                                                                                           |                       |                           |                                         |                                                         |                                                        |                                                          |                                                                |                             |
| Personal D                                                                                                                                                                                                                                        | ata                   |                           |                                         |                                                         |                                                        |                                                          |                                                                | 1                           |
| Last Name First Name                                                                                                                                                                                                                              |                       |                           |                                         |                                                         | Middle Initial                                         |                                                          | Telephoi                                                       | ne                          |
| Address                                                                                                                                                                                                                                           |                       |                           |                                         |                                                         | City                                                   | Sta                                                      | te Z                                                           | ip                          |
|                                                                                                                                                                                                                                                   |                       |                           | Work                                    | is Love                                                 | made V                                                 | /isible                                                  |                                                                |                             |
| It                                                                                                                                                                                                                                                | is to bui<br>seeds wi | ild a house that tenderne | And eads drawn with affections and rear | what is it to<br>from your<br>on, even as<br>the harves | work with<br>heart, even<br>if your be<br>st with joy, | love?<br>n as if your b<br>loved were t<br>even as if yo | o dwell in tha                                                 | were to eat the fruit.      |
| Office Use Comments:                                                                                                                                                                                                                              |                       | Date:                     |                                         |                                                         | ,                                                      | nterview: Y                                              | ′ N                                                            |                             |

| Some really thought provoking questions: Why have you decided to seek employment at Sundance?                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Have you previously been interviewed at Sundance? If you've had a previous interview, please indicate by who and when.                                        |
| In your previous jobs or outside work, what have been your most significant and meaningful accomplishments that relate to the job for which you are applying? |
| Give us a definition of what world-class customer service means to you.                                                                                       |
| What brought you to Eugene?                                                                                                                                   |
| What would you like to be doing with your life in 5 years?in 1 year?                                                                                          |

| Education                | High School | Undergraduate<br>College or University | Graduate/<br>Professional |  |
|--------------------------|-------------|----------------------------------------|---------------------------|--|
| School Name and Location |             |                                        |                           |  |
| Years Completed          | 9 10 11 12  | 1 2 3 4                                | 1 2 3 4                   |  |
| Diploma or Degree        |             |                                        |                           |  |

☐ No

If hired, can you furnish proof that you are eligible to work in the U.S.?

| References                                                              | We check reference                                | es as part    | of the hiring               | process.                          |
|-------------------------------------------------------------------------|---------------------------------------------------|---------------|-----------------------------|-----------------------------------|
| Please give us the information of                                       | f people who are                                  | e familia     | ar with you                 | ur past work experience.          |
| <u>Name</u>                                                             | Address                                           |               | Pho                         | <u>ne</u>                         |
|                                                                         |                                                   |               |                             |                                   |
| 1)                                                                      |                                                   |               |                             |                                   |
| .,                                                                      |                                                   |               |                             |                                   |
| 0)                                                                      |                                                   |               |                             |                                   |
| 2)                                                                      |                                                   |               |                             |                                   |
|                                                                         |                                                   |               |                             |                                   |
| 3)                                                                      |                                                   |               |                             |                                   |
|                                                                         |                                                   |               |                             |                                   |
| Rest Stop You've been squeezing the Breathe deeply. Be creative and the | ne writing utensil tight<br>nen carry on (you won | trying to I   | remember al<br>ed on your d | of that personal history. Relax!! |
|                                                                         | Dood                                              | dle Spa       | ce                          |                                   |
|                                                                         |                                                   |               |                             |                                   |
|                                                                         |                                                   |               |                             |                                   |
|                                                                         |                                                   |               |                             |                                   |
|                                                                         |                                                   |               |                             |                                   |
|                                                                         |                                                   |               |                             |                                   |
| <b>Employment History</b>                                               |                                                   |               |                             |                                   |
| Please list the names of p                                              | revious employe                                   | ers. Fee      | el free to i                | nclude any job-related public     |
| service assignments.                                                    |                                                   |               |                             |                                   |
| Employer                                                                |                                                   | Dates Employe |                             | Work/Tasks Performed (be specifi  |
|                                                                         | Æ                                                 | rom           | To                          | ·                                 |
| Address & Telephone                                                     |                                                   |               |                             |                                   |
|                                                                         |                                                   |               | ges/Salary                  |                                   |
| Job Title & Supervisor                                                  | S                                                 | Start         | Final                       |                                   |
| Job Title & Supervisor                                                  |                                                   |               |                             |                                   |
| Reason for leaving                                                      | L                                                 |               |                             |                                   |
| - total out to an ing                                                   |                                                   |               |                             |                                   |
| Employer                                                                |                                                   | Dates E       | mployed                     | Work/Tasks Performed (be specifi  |
|                                                                         |                                                   | rom           | To                          | ` '                               |
| Address & Telephone                                                     |                                                   |               |                             |                                   |
| ·                                                                       |                                                   |               | ges/Salary                  |                                   |
| Joh Title 9 Cupaniger                                                   |                                                   | Start         | Final                       |                                   |
| Job Title & Supervisor                                                  |                                                   |               |                             |                                   |
| Reason for leaving                                                      |                                                   |               |                             |                                   |
| Ticasoff for leaving                                                    |                                                   |               |                             |                                   |
| Employer                                                                |                                                   | Dates F       | mployed                     | Work/Tasks Performed (be specifi  |
|                                                                         | I                                                 |               | То                          | identi i enermed (se opeoin       |

Hourly Wages/Salary Start Final

Address & Telephone

Job Title & Supervisor

Reason for leaving

| Working for the World. Please list any social or community activ   | rities that $\setminus$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1 |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| you are currently involved in or have participated in in the past. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |
| 1)                                                                 | The state of the s | 3 |
| 2)                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |
| 3)                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |

There is enough for everyone!

One of our goals that we try to live by is "to create a positive work environment by practicing teamwork." How do you contribute to a teamwork situation?



We are a group of individuals that respects and supports individuality while we remain united in the common cause of providing nourishment to our community. This statement also implies our commitment to a spirit of community—of living creatures caring for all of life. We are enriched by the diversity of people who together energize our community at Sundance.

It is vital that Sundance operate as a team, a group of people who collectively and individually align wholeheartedly with our mission of nourishing community and with the policies and organizational structure which supports it. With such a clear superstructure in place, we can more effectively fulfill our purpose and work towards a positive vision of a healthful, egalitarian and more enlightened future for ourselves, our community, our world and our planet.

\_\_\_\_\_

Thanks for taking the time to apply for employment here at Sundance. We take the time to read each application carefully and appreciate your effort to help us get to know you through this process. This application will remain active for 2 months.