

Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

PERSONAL INFORMATION

	-	Date: Social Sec			urity #:					
Name:										
Last		First			Middle					
Address:										
S	treet		City		State		Zip			
Phone Number:				Contact N	umber (if diff	erent):				
EMPLOYMENT DESIRED										
Referred By:			Position Ap	oplying For:	see page 3)					
Are you currently employed	vre you currently employed? Yes No If yes, may we contact them: Yes No									
Date you can start:		Salary Requirements:						-		
Mark Availibility: (Please place the word "Any" if available any hours, otherwise enter the hours only		MON	TUE	WED	THUR	FRI	SAT	SUN		
available	, , , , , , , , , , , , , , , , , , ,									
Have you ever worked for this company before? Yes No If yes, when?										
If you are under 18 years of age, can you provide a work permit? Yes No Driver's license # & State Iss							te Issued:			
Are you legally allowed to work in the United States? Yes No										
Are you able to perform the	essential functions of	of the job fo	or which you	have applie	ed with or wit	hout a reaso	onable			
accommodations?YesNo										
Have you ever pleaded guilty, no contest or been convicted of a crime? Yes No										
If yes, give dates and details: (answering yes to these questions does not constitute an automatic rejection for employment)										
EDUCATION	vering yes to these quest	ions does not	constitute an a	utomatic reject	tion for employn	nent)				
	ne & Location of Sch	nool	Circle Last	Year Comp	leted	Did You G	raduate			
Trade, Business or Correspondence			1 2	3 4						
College			1 2	3 4						
High School			1 2	3 4						
List Degree(s) Received:										
2.80 209.00(0) 1.000110 <u>4.</u>										
Job Related Skills:										
PERSONAL REFERENCES:NAMEPHONE NUMBERYEARS KN						IOWN				
1										
2										
3										
PREVIOUS EMPLOYMENT (begin with most current employer)										

Company Name:	Date of Employment: From:	//	To:// Phone Number:		
Address:					
Street		City	State	Zip	
Supervisor:			Title:		
Responsibilities:					
Starting Salary and Po	sition Held:		Ending Salary:		
Reason for Leaving:					
May we contact this en	nployer for a reference?	Yes	No		
Company Name:	Date of Employment: From:	//	_ To:// Phone Number:		
Address:					
Street		City	State	Zip	
Supervisor:			Title:		
Responsibilities:					
Starting Salary and Po	sition Held:		Ending Salary:		
Reason for Leaving:					
May we contact this en	nployer for a reference?	Yes	No		
	Date of Employment: From:				
Company Name:			Phone Number:		
Address:					
Street		City	State	Zip	
Supervisor:			Title:		
Responsibilities:					
Starting Salary and Po	sition Held:		Ending Salary:		
Reason for Leaving:					
May we contact this en	nployer for a reference?	Yes	No		

*If you are hired by this company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

*I certify that my answers are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company. I authorize the Company to make such investigations and inquiries of my application information as may be necessary for an employment decision. I hereby authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I hereby release employers, schools or individuals from all liabilities when responding to inquiries in connection with my application.

*I understand that filling out this application does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures.

Signature of Applicant:

Date:

considered equal unless there is an occupational skill required, or a disability that prevents the applicant or employee from performing an essential function of the job, with or without reasonable accommodation, or from performing the job in a safe manner.

This application will be considered for positions in the following Areas. **If you have a preference, please mark it on the application in the "Position Applying For" area on the 1st page**. However, if that area is not available, we may call you about another opportunity. Here is the list of Profit Centers:





SHOP

Dodge City location



Dodge City location



Dodge City location



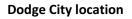


Dodge City location



Dodge City location







Cullman location - Hwy 157



Cullman location - Hwy 157