

Employment Application

Circle N Stores, Inc

STORE LOCATION APPLYING FOR: _____ DATE: _____

NAME: _____ PHONE NUMBER: _____
 LAST FIRST MI

CURRENT ADDRESS: _____
 STREET CITY STATE ZIPCODE

HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS? _____ Rent _____ Own _____ Other _____

NAME OF LAST SCHOOL ATTENDED AND WHERE: _____

IN CASE OF AN EMERGENCY, CONTACT: _____

STATEMENT OF AUTHORIZATION TO RELEASE INFORMATION

THE COMPANY, IN CONSIDERING MY APPLICATION FOR EMPLOYMENT OR ANY SUBSEQUENT CHANGES SUCH AS PROMOTION OR TRANSFER, MAY VERIFY THE INFORMATION SET FORTH ON THIS APPLICATION AND OBTAIN ADDITIONAL INFORMATION RELATING TO MY BACKGROUND. I AUTHORIZE ALL PERSONS, SCHOOLS, COMPANIES, CORPORATIONS, GOVERNMENT AGENCIES TO SUPPLY ANY INFORMATION CONCERNING MY BACKGROUND WHERE SUCH INQUIRIES ARE JOB RELATED.

Applicant's Signature

ARE YOU OF AGE TO BUY OR SELL ALCOHOLIC BEVERAGES? YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO _____

IF YES, LIST CONVICTION: _____

HAVE YOU EVER APPLIED FOR OR RECEIVED WORKER'S COMPENSATION BENEFITS? YES _____ NO _____

IF YES, PLEASE EXPLAIN: _____

POSITION APPLYING FOR: _____ DATE YOU CAN START: _____ SALARY DESIRED: _____

HAVE YOU EVER APPLIED HERE BEFORE? YES _____ NO _____ IF YES, WHEN _____ LOCATION: _____

DO YOU KNOW OR ARE YOU RELATED TO ANYONE EMPLOYED BY OUR COMPANY, PAST OR PRESENT? YES _____ NO _____

IF YES, WHO? _____ LOCATION: _____

HOW DID YOU KNOW OF A POSITION AT OUR COMPANY? (NEWSPAPER, REFERRED BY SOMEONE, ETC) _____

PLEASE EXPLAIN WHY YOU FEEL YOU SHOULD BE HIRED FOR THIS POSITION: _____

PLEASE LIST ALL JOBS YOU HAVE HELD FOR THE PAST 3 YEARS BEGINNING WITH YOUR PRESENT OR LAST EMPLOYER. ACCOUNT FOR ALL TIME PERIODS INCLUDING UNEMPLOYMENT, SELF EMPLOYMENT, SCHOOL, OR MILITARY SERVICE. IF MORE SPACE IS NEEDED, PLEASE FEEL FREE TO USE THE BACK OF THE APPLICATION.

1) FROM _____ TO _____ SALARY _____ POSITION _____
EMPLOYER _____
REASON FOR LEAVING _____

2) FROM _____ TO _____ SALARY _____ POSITION _____
EMPLOYER _____
REASON FOR LEAVING _____

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES _____ NO _____

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFICATIONS OR INTENTIONAL OMISSION IN THIS APPLICATION ARE GROUNDS FOR DISQUALIFICATION FROM FURTHER EMPLOYMENT CONSIDERATION OR FOR MY DISMISSAL FROM THE COMPANY. I UNDERSTAND THAT THE COMPANY MAY REQUIRE DRUG TESTING AS PART OF ITS HIRING AND EMPLOYMENT PRACTICES. I ALSO UNDERSTAND THAT SUCH DRUG TESTING WILL CONSIST OF THE TAKING OF URINE, OR ANY OTHER MEDICALLY RECOGNIZED TEST DESIGNED TO DETECT TRACEABLE AMOUNTS OF NON-PRESCRIBED OR ILLEGAL DRUGS IN MY BODY. IF SUCH TESTING INDICATES THE PRESENCE OF NON-PRESCRIBED OR ILLEGAL DRUGS, I WILL BE DISQUALIFIED FROM FURTHER HIRING CONSIDERATION OR DISCHARGED FROM EMPLOYMENT.

I UNDERSTAND THIS APPLICATION WILL REMAIN ACTIVE FOR 30 DAYS FROM THIS DATE, AT WHICH TIME IT IS MY RESPONSIBILITY TO REAPPLY.

APPLICANT'S SIGNATURE

DATE

SOCIAL SECURITY NUMBER