



Application for Employment

Various Federal, State and local laws prohibit discrimination based on race, color, sex, religion, national origin, ancestry, age, disability, or marital status. Minit Mart is an equal opportunity employer and your response to any question will not be used as a basis for discrimination, but will be judged on its relevance to the position you are seeking.

All Applicants will be Screened for Illegal Drugs

Please print, fill out and fax to (814) 342-5865 or deliver to the store you are interested in employment.

Date: _____

Position(s) Applying For:

- Manager Shift Supervisor
 Assistant Manager Sales Associate

Last Name: _____ First Name: _____ Middle Initial: _____

Present Address: _____

How long at this address: _____ Are you 18 years of age or over? Yes _____ No _____

Social Security Number: _____ - _____ - _____ Telephone: () _____

Best Time to Schedule an Interview? (*check all that apply*) Morning Afternoon Evening

Have you ever worked for Minit Mart before? Yes _____ No _____ If Yes, When & What Location: _____

Have you ever been convicted of a crime other than a traffic violation? Yes _____ No _____ If Yes, please list all dates and reasons for conviction. (*A conviction will not necessarily disqualify you from the job.*) _____

Have you ever been in the Armed Forces? Yes _____ No _____ Are you now a member of the National Guard? Yes _____ No _____
If Yes, List Branch _____ Position _____ Obligations _____

Availability

Date Available to Begin Work: _____ Shift Desired: _____

How many hours can you work weekly? _____ Can you work nights? Yes _____ No _____

Hours Available to Work:

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

Education

Type of School	Name of School	Location	Number of Years Completed	Major & Degree
High School				
College / University				
Business/Trade/Prof. School				

Experience *(start with most recent)*

Company Name: _____	Dates of Employment: From _____ To _____
Supervisor: _____	Address: _____
Salary: _____	Phone Number: _____ Reason for Leaving: _____
Describe Position & Primary Duties: _____	

Company Name: _____	Dates of Employment: From _____ To _____
Supervisor: _____	Address: _____
Salary: _____	Phone Number: _____ Reason for Leaving: _____
Describe Position & Primary Duties: _____	

Company Name: _____	Dates of Employment: From _____ To _____
Supervisor: _____	Address: _____
Salary: _____	Phone Number: _____ Reason for Leaving: _____
Describe Position & Primary Duties: _____	

Personal References *(do not list relatives or previous employers)*

Name: _____ Occupation: _____	Name: _____ Occupation: _____
Address: _____	Address: _____
_____	_____
Phone Number: () _____	Phone Number: () _____

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact all references, schools, and previous employers listed above and hereby release the Company from any liability as a result of such contact. I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment under certain circumstances; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. Furthermore, I authorize the Company to obtain a criminal background check and/or credit history report should it be deemed necessary as a condition of employment. I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period, or thereafter, my employment relation with the Company may be terminated at will for any reason by either party.

Signature of Applicant: _____ Date: _____