



Not Your Typical Convenience Store!

APPLICATION FOR EMPLOYMENT

PLEASE TYPE OR PRINT

Personal	NAME: Last Name, First Name, and Middle Initial	
	If you have been known by any other names, please list:	
	PRESENT MAILING ADDRESS: Street Number and Name, City, State, Zip Code:	
	Home Telephone Number	
	Message/Business Number & Extension:	
	PERMANENT ADDRESS: Street Number and Name, City, State, Zip Code: (Leave blank if same as above)	
	Social Security Number	
	Driver's License Number	State Issued
	Emergency Telephone Number	
	If under the age of 18, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If required, would you be willing to work (please check one box in each category):	

- A. Shift 1 2 3 Any
 B. Overtime Yes No
 C. Work schedule other than Monday through Friday? Yes No

If employment were offered, would you be able to show legal proof that you have the right to work in this country?
Yes No

Position Desired	Type of Position Desired	Date Available	Salary Desired (\$ Annual)
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Cooperative Education		
	Geographic Preference		
	What prompted your application?		

- Advertisement (please identify source below) Walk-in
Agency (identify name) Employee Referral (identify name) Other (please specify)

Employment History	List PRESENT or LAST employer first. Account for at least the last 10 years.																							
	Employer:		Employment Dates: From: To:																					
	<input type="checkbox"/> Weekly or <input type="checkbox"/> Monthly Base Salary: Start: Final:																							
	Other Compensation (i.e., bonus/commission): <input type="checkbox"/> Yes <input type="checkbox"/> No Amount:																							
	Immediate Supervisor		Telephone Number		What was your job title?																			
	Address (Street Number and Name, City, State, Zip Code)																							
	Description of Duties																							
	Reason for Leaving																							
	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No																							
	Account for period between jobs																							
	List previous employer. Account for at least the last 10 years.																							
	Employer:		Employment Dates: From: To:																					
	<input type="checkbox"/> Weekly or <input type="checkbox"/> Monthly Base Salary: Start: Final:																							
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Employment References	Please list at least four persons we can contact for business references prior to an offer of employment (preferably at least two of whom have been your manager or supervisor).				
	Name	Title	Company	Address	Telephone

Education and Training	Indicate last level of education completed: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 College/University <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Grad School <input type="checkbox"/> M.S. <input type="checkbox"/> M.A. <input type="checkbox"/> Ph.D.		
	Name of School		
	Location (City and State)	Major	Degree
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	Additional Educational, Vocational, and/or Professional Information		
Other special skills, e.g., personal computers, word processing			

Additional Skills	Include any relevant experience acquired during Military Service
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Security	Have you ever been convicted of a felony or misdemeanor in the last seven (7) years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Do not include:			
	<ul style="list-style-type: none"> • Convictions for which the record has been judicially expunged, sealed, or eradicated. • Misdemeanor marijuana-related convictions that are more than two (2) years old. 			
	If you answer yes , please provide details below. (A conviction will not necessarily disqualify an applicant from obtaining employment with The PRIDE Stores, Inc. or its subsidiaries.)			
	Offense	Date	City and State	Disposition of Case
Additional Information				

Acknowledgment	<p>I certify that the information provided in this application is complete, truthful and accurate in all respects. I understand that the withholding of information or the giving of false information on this application or in any communication to The PRIDE Stores, Inc. or its subsidiaries concerning my background and qualifications will result in a refusal to hire or in disciplinary action up to and including the termination of my employment.</p> <p>I hereby authorize The PRIDE Stores, Inc. or its subsidiaries to inquire of or write to any or all of my previous employers or references, and/or to make any other investigation to obtain full information relating to my suitability for employment with The PRIDE Stores, Inc. or its subsidiaries. I hereby authorize any person, firm, or corporation to release to The PRIDE Stores, Inc. and its subsidiaries or its representatives any and all information regarding my previous employment and any other information relating to my suitability for employment with The PRIDE Stores, Inc. or its subsidiaries. I waive any and all claims against The PRIDE Stores, Inc. or its subsidiaries or others that I might have with respect to any such background or reference checks.</p> <p>I further understand and agree that if I am offered employment by The PRIDE Stores, Inc. or its subsidiaries it will be on an at-will basis. This means that either or, The PRIDE Stores, Inc. or its subsidiaries may terminate the employment relationship at any time for any reason, with or without cause. Finally, I understand and agree that this constitutes the entire agreement between me and The PRIDE Stores, Inc. or its subsidiaries with regard to this subject.</p> <p>Acceptance of an offer of employment with The PRIDE Stores, Inc. or its subsidiaries also constitutes acceptance of the terms and conditions of the employment application.</p> <p>If employed, I will abide by the company's rules and regulations.</p> <p>I HAVE READ THE ABOVE PRIOR TO SIGNING THIS APPLICATION.</p>	
	X	Applicant Signature
Date of Application		