

Convenience Store Employment Application

Van Zeeland Oil Co., Inc

P.O. Box 7777 4100A W. Prospect Ave.
Appleton, WI 54912

NAME: _____ PHONE(____) _____ - _____ DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SHIFTS APPLIED FOR 1st 2nd 3RD ANY WI Drivers License # _____

Do you have a valid driver's license? _____ If not, do you have reliable transportation to work? _____

Yes No Yes No

		Are you at least 18 years old?			Can you work in a non-tobacco use environment?
		If not, what age are you? _____			Will you undergo a drug screen, if required?
		Can you provide a work permit, if necessary?			Are you related to any of our employees? If yes, who? _____
		Did you complete high school?			Can you travel if required?
		Did you complete college? If yes, field _____			Have you applied at this store before? If yes, when? _____
		Do you have other education or training? If yes, field _____			Have you ever been convicted of a felony? If yes, explain _____
		Can you provide proof of legal right to work?			Have you ever worked in a C-Store before? If yes, location: _____
		Do you speak English?			Have you ever been fired from a job?
		Other Languages? _____			Can you work weekends, evenings, & holidays?
		Do you have Armed Forces experience?			Have you been convicted of an underage drinking violation? If yes, when? _____

DO YOU HAVE EXPERIENCE IN THE FOLLOWING?

Yes No Yes No Yes No

		Cash Register			Fuel Pumps			Food Service
		Credit card equipment			Computer			Customer Service
		Cash drops			Calculator			Customer complaints
		Counting change			Valid Bartenders license			Safety rules
		Lottery machines If yes, state: _____			What city: _____			

PHYSICAL RECORD

Are there any special accommodations that you would need to perform the job for which you have applied?

Is there any position for which you should not be considered, or job duties you can not perform because of physical, mental or medical disability? _____

APPLICANT'S AGREEMENT

I UNDERSTAND AND AGREE THAT:

1. I certify that all information given on this application and accompanying documents is true and complete.
2. I understand application forms and all other materials are the property of the Company.
3. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I understand that this employment application and any other company documents are not contracts of employment, and that any individual who is hired may voluntarily leave employment under proper notice, and may be terminated by the employer at any time and for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.
4. I understand, if employed, I may terminate my employment at any time without cause, and the Company may terminate or modify the relationship at any time without notice or cause. I further understand, if employed, my employment is for no definite period of time, and if terminated, the Company is liable only for wages or salary earned as of the date of termination.
5. I understand and voluntarily agree, as a condition of employment or continued employment, I may be requested by the company to submit to a urinalysis, drug screen, alcohol blood analysis, criminal background checks and/or other kinds and types of testing, when requested to do so or unsatisfactory test results will disqualify me for consideration for employment, or if I am employed, may result in my immediate dismissal.

Signature of Applicant

Date

Please account for all periods of employment. Attach additional sheet if needed.

*** Fill out All Employers and COMPLETE work experience for the past 15 years ***			
Company:		Address:	
Employed from: _____ to _____		City:	State: Zip:
Last position held:		Phone Number () -	
Hours worked per week:		Starting Salary:	Ending Salary:
Immediate supervisor:		Reason for leaving:	
Job duties:			
My initials _____ indicate my permission for you to talk to this employer.			
*** Fill out All Employers and COMPLETE work experience for the past 15 years ***			
Company:		Address:	
Employed from: _____ to _____		City:	State: Zip:
Last position held:		Phone Number () -	
Hours worked per week:		Starting Salary:	Ending Salary:
Immediate supervisor:		Reason for leaving:	
Job duties:			
My initials _____ indicate my permission for you to talk to this employer.			
*** Fill out All Employers and COMPLETE work experience for the past 15 years ***			
Company:		Address:	
Employed from: _____ to _____		City:	State: Zip:
Last position held:		Phone Number () -	
Hours worked per week:		Starting Salary:	Ending Salary:
Immediate supervisor:		Reason for leaving:	
Job duties:			
My initials _____ indicate my permission for you to talk to this employer.			
*** Fill out All Employers and COMPLETE work experience for the past 15 years ***			
Company:		Address:	
Employed from: _____ to _____		City:	State: Zip:
Last position held:		Phone Number () -	
Hours worked per week:		Starting Salary:	Ending Salary:
Immediate supervisor:		Reason for leaving:	
Job duties:			
My initials _____ indicate my permission for you to talk to this employer.			
*** Fill out All Employers and COMPLETE work experience for the past 15 years ***			
Company:		Address:	
Employed from: _____ to _____		City:	State: Zip:
Last position held:		Phone Number () -	
Hours worked per week:		Starting Salary:	Ending Salary:
Immediate supervisor:		Reason for leaving:	
Job duties:			
My initials _____ indicate my permission for you to talk to this employer.			

Please account for all periods of employment. Attach additional sheet if needed.