



APPLICANT INSTRUCTIONS

Thank you for your interest in employment with our Company. We appreciate your application and look forward to the possibility of your joining our team. This sheet is for your information. Please read carefully.

If you need any assistance or accommodation to facilitate the filling out of this form or during any of the application process, please notify the person who gave you this form and every effort will be made to provide you with the help you request.

Please print all information so it can be easily read. Be certain that all questions are completely answered. Incomplete information forms will not be considered. Use the abbreviation "N/A" if a particular provision or section in the form is not applicable to you. If you need additional space, you may use the back of the form.

This application form is intended for use in evaluating your qualifications for employment. This is not a contract for employment. False or misleading information given in this form or during the interview process are grounds for terminating the applicant process or if discovered after employment, for terminating employment.

Employment decisions are made solely on the basis of qualifications to perform the work for which you are applying. Qualifications include education, training, and work experience. Credentials and experience will be verified through schools, former employers and any other applicable sources. As an equal opportunity Employer, we make decision to hire and promote without regard to race, color, creed, national origin, sex, physical or mental disability (unrelated to ability to do the job), or age (as defined by law)

You should understand that the position for which you are applying is considered at-will, which means that either you or the company can terminate employment for any reason or no reason at any time. No one except the company president or vice-president has the authority to amend this agreement.

We appreciate your interest.

I have read and understood the above information.

Signature _____ Date _____

For Office use Only

Do Not Fill This Part

STORE: _____

START DATE: _____

POSITION: _____

SHIFT: _____ PRIMARY: _____ SCHEDULE: _____

RATE OF PAY: _____

HIRING AGREEMENT:

YOUR JOB DESCRIPTION IS TO INCLUDE THIS NOTIFICATION
OF THE POSSIBILITY OF STANDING FOR A PERIOD OF
8-10 HOURS WITHOUT A BREAK DEPENDING ON
STORE BUSINESS AND SHIFT WORK

Acknowledgement:

Hiring Manager

Employee Signature

APPLICATION FOR EMPLOYMENT

Position Desired _____ Date: _____

How did you learn about us?

Advertisement Friend Walk-in Relative Other _____

Name (Last) _____ (First) _____ (Middle) _____

Address _____ City _____ State _____ Zip _____

Telephone Number(s) _____ Social Security _____

Are you over 18 years of Age? Yes No

If you are under 18 years of age, can you provide proof of your eligibility to work?

Yes No

Have you ever filled an application with us before? Yes No

Are you physically able or otherwise unable to perform the duties of the job for which you are applying? Yes No

If yes, please describe

Are you currently employed? Yes No

May we contact your current employer Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status.

Proof of citizenship or immigration status will be required upon employment!

Availability: Full Time Part Time Shift Work Temporary

Can you Travel if a job requires it? (Killeen, Temple, Copperas Cove) Yes No

Have you ever been convicted of a felony? Yes No

City/State _____ Charge _____

Please Explain _____

*Conviction of a felony will not necessarily bar you from employment.

Education

Circle the highest grade completed in school:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Name and address of last school attended: _____

Vocational or Business school attended: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT RECORDS

Start with your present or last job. Include any job-related-military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, national origin, handicap or other status.

CURRENT OR MOST RECENT EMPLOYER:

Name _____

Phone _____

Address _____

Positions/Duties: _____

Supervisor: _____

Reason for Leaving _____

DATES EMPLOYED	
FORM	TO
HOURLY RATE/SALARY	
BEGINNING	ENDING

NEXT PREVIOUS EMPLOYER

Name _____

Phone _____

Address _____

Positions/Duties: _____

Supervisor: _____

Reason for Leaving _____

DATES EMPLOYED	
FORM	TO
HOURLY RATE/SALARY	
BEGINNING	ENDING

NEXT TO PREVIOUS EMPLOYER

Name _____

Phone _____

Address _____

Positions/Duties: _____

Supervisor: _____

Reason for Leaving _____

DATES EMPLOYED	
FORM	TO
HOURLY RATE/SALARY	
BEGINNING	ENDING

Use this space to give us other information about your personal skills or qualities, work style, interpersonal ability or communication skill which will further qualify you for this job.

Complete the following information only if applying for a position that requires use of a vehicle while conduction company business. If hired, you information may be verified with a Motor Vehicle report.

How many traffic violations have you had during the last two years?

Drivers License Number _____ State _____

References

Name only those persons who are familiar with your work capabilities. Do not list relatives.

Name _____ Phone _____

Address _____

Positions _____ Years Known _____

Name _____ Phone _____

Address _____

Positions _____ Years Known _____

Name _____ Phone _____

Address _____

Positions _____ Years Known _____

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period time not to exceed 180 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are accepted at that time.

I understand that I may be required to successfully complete a pre-employment physical examination conducted by a company authorized physician and that I may be required to successfully complete a pre employment drug screening after a job offer of employment has been made.

Signature of Applicant _____ Date _____

BACKGROUND INQUIRY RELEASE

In connection with my application for employment (including contract for services) with Mickey's Enterprises Inc., and individual, I understand that an investigative consumer report may be requested that will include information as to my character, work habits performance and experience along with reason for termination of past employment.

Medical and workers' compensation information will only be requested in compliance with the Federal American with Disabilities Act (ADA) and /or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency of those sources which provided the information.

I acknowledge that a telephonic facsimile (Fax) or photographic copy shall be valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

I hereby authorize, without reservation, any law enforcement agency, institution, service bureau, schools, employer reference or insurance company contacted by Mickey's Enterprises Inc., & ThomKar, Inc., & Mickey's Enterprises II, LTD., dba Mickey's Convenience Stores and/or its agents, to furnish the information described in the first paragraph.

I understand that the following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Please Print Clearly all information

Last Name: _____ First Name _____ Middle: _____

Print other name you have used (including maiden name or previous married name(s) – or other first name): _____

Social Security Number: _____ Date of Birth _____ Sex: ___ Race: ___

Drivers License Number: _____ State where licensed was issued: _____

Name as it appears on driver's license: _____

Current Address: _____

City, State, Zip (County if Known): _____

Applicant Signature _____ Date _____

DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested by Mickey's Enterprises Inc., & ThomKar, Inc., & Mickey's Enterprises II, LTD., dba Mickey's Convenience Stores and/or its agents. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc., from federal, state and other agencies which maintain such records, as well as information concerning previous driving record request made by others for such state agencies and state-provided driving records.

I have the right to make a request to Mickey's Enterprises Inc., & ThomKar, Inc., & Mickey's Enterprises II, LTD., dba Mickey's Convenience Stores and/or its agents, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which the agent have previously furnished with in the two years preceding my request. I hereby consent Mickey's Enterprises Inc., & ThomKar, Inc., & Mickey's Enterprises II, LTD., dba Mickey's Convenience Stores and/or its agents to obtain the above information and I agree that such information which Mickey's Enterprises Inc., & ThomKar, Inc., & Mickey's Enterprises II, LTD., dba Mickey's Convenience Stores and/or its agents has or obtains, and my employment history with Mickey's Enterprises Inc., & ThomKar, Inc., & Mickey's Enterprises II, LTD., dba Mickey's Convenience Stores if I am hired, will be supplied by Mickey's Enterprises Inc., & ThomKar, Inc., & Mickey's Enterprises II, LTD., dba Mickey's Convenience Stores and/or its agents to other companies which subscribes to its agents.

I hereby authorize procurements of consumer report(s). If hired (or contracted) this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

I understand that I may request a copy of this Disclosure and release form.

Applicant Signature

Date

Print Name

Social Security Number

Address, City, State and Zip Code

List all previous addresses for the last seven (7) years.

Address, city, state, zip code and county if known.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____
