



GLASSMERE FUEL SERVICE/FOOD MART APPLICATION



DATE: _____

PERSONAL INFORMATION

Name _____ Soc. Sec. # _____
Address _____
Telephone No. _____ Referred by: [] Our Advt [] Emp. Agency [] Friend or Relative [] No One
Are you over 18 years of age? [] Yes [] No If NO, a work permit will be required. Have you ever been employed at Glassmere? [] Yes [] No
High School _____ Year Graduated _____ College _____ Year Graduated _____
Branch of Service _____ Type of Discharge _____ Have you ever been convicted of a crime? _____
Explain: _____
Positions (s) applied for: _____ [] Full Time [] Part Time
If part time, check days/hours available: [] Mon. ___ to ___; [] Tues. ___ to ___; [] Wed. ___ to ___; Thurs. ___ to ___;
[] Fri. ___ to ___; [] at ___ to ___; [] Sun. ___ to ___
Date you are available to start work: ___/___/___ Salary or Wages desired: \$ _____ [] Hr. [] Wk.
Indicate special qualifications or skills _____
Are you employed at the present time? [] Yes [] No If hired, will you work overtime if required? [] Yes [] No

CONTACT IN EMERGENCY

Name _____ Relationship _____ Phone () _____
Name _____ Relationship _____ Phone () _____

WORK HISTORY

Table with 4 columns: EMPLOYERS, DATES, SALARY, POSITION. Contains 3 rows of employment history with fields for Name, Address, Phone, Supervisor, From/To dates, and Started/Left status.

PERSONAL REFERENCES

Name _____ Occupation _____ Phone () _____
Name _____ Occupation _____ Phone () _____
Name _____ Occupation _____ Phone () _____

MINORS STUDENTS

Can you work school nights? _____ Weekends? _____ Have permission from parents to work? _____
Do you drive? _____ Form of transportation to and from work _____ Time dismissed from school _____
School activities which would conflict with work hours? _____
Do you have School District Working Papers from previous employer? _____

CASHIERS ONLY

a) What change would a customer receive if the bill was \$3.26 and they gave \$5.01 as payment? _____
b) What change would a customer receive if the bill was \$6.98 and they gave \$10.08 as payment? _____
c) If a bill total is \$10.85 and the customer gives you a \$20 bill and asks for \$2.00 worth of quarters
in their change, what would they receive (in denominations - nickels, \$1 bills, etc.) _____

STATEMENT

I CERTIFY THAT THIS INFORMATION IS ACCURATE AND COMPLETE AND I AUTHRIZE INVESTIGATION OF ALL STATEMENTS RECORDED ON THIS APPLICATION. I UNDERSTAND THE MISREPRESENTATION OR OMISSION OF FACTS WILL BE CAUSE OF DISMISSAL. I HEREBY AUTHORIZE GLASSMERE TO WITHHOLD FROM MY WAGES AND TIPS ALL TAXES DUE THE FEDERAL, STATE, AND LOCAL GOVERNMENT.
SIGNATURE: _____ Full Name (No Nicknames) _____

IF HIRED

PLEASE READ BEFORE SIGNING
I give permission to investigate my credit record and to communicate with all or any of my previous employers and/or references for full information. I hereby indemnify the Company from any liability arising out of such inquiry. I also agree to physical and medical examinations at any time at the option of the Company, and I agree that the examining physician may disclose to the Company or its representatives the results of such examination. At the request of the Company, I agree to provide transcripts from educational institutions attended, and to submit to any further testing required for employment or advancement with the Company.
I acknowledge that, if employed, my employment is for no fixed period of time. This application or offer of employment is not binding on the Company in any way and is not to be construed as a contract. Employment, benefits, and/or compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. No representative of the Company, other than its President, has the authority to enter into any agreement for employment of any specified period of time, or to make any agreement contrary to the foregoing.
Date: _____ Signature _____