



WEILER CONVENIENCE STORE APPLICATION

PLEASE PRINT OR TYPE ALL INFORMATION

DATE: _____

Last Name	First Name	Middle
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Application for Position of:	Date Available
Present Address — Number, Street, City, State, Zip Code	Home Phone (Include Area Code)
Mailing Address (If different from above) — Number, Street, City, State, Zip Code	Business Phone (Include Area Code)

What hours are you available to work? (AM OR PM)	What days are you NOT available to work? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
Types of Employment Preferred (Check more than one box if desired) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	

- Do you have access to a car? (For some positions, a vehicle is required)..... Yes No
- Do you have a valid driver's license?..... Yes No
- Are you over age 18?..... Yes No
- Are you a U.S. Citizen, or do you have an entry permit which allows you to work?..... Yes No

EDUCATION AND TRAINING

Circle the highest grade or year completed in school: 1 2 3 4 5 6 7 8 9 10 11 12	Do you have a High School Diploma or a GED Equivalence <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and Location of High School
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TRAINING BEYOND HIGH SCHOOL (College or University, Nursing, Business College, or other schools you have attended.)	Circle the number of years in College or University: 1 2 3 4 5 6 7 8
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NAME AND LOCATION	DATES ATTENDED FROM TO	Credits Earned	Major Field	GPA / Base	Degree (and Year) Conferred

Other experiences, skills or qualifications relevant to the job for which you are applying.

Were you previously employed by us?..... Yes No

If yes, when? _____

Please list any friends or relatives working for us:

Have you ever been convicted of a felony?..... Yes No

If yes, explain? _____

Please list below all present and past employment, beginning with your most recent.

NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM MO /YR	TO MO /YR	PLEASE DESCRIBE THE WORK YOU DID	STARTING SALARY	LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
TELEPHONE							

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TELEPHONE							

May we communicate with your present employer? Yes No

Personal References (Not Former Employers or Relatives)

NAME AND OCCUPATION	ADDRESS	TELEPHONE NUMBER

I certify that the information provided by me in this application is true and complete to the best of my knowledge. I understand that if I am employed any false statements or omissions can lead to immediate dismissal, and I agree that the Company shall not be held liable in any respect if my employment is terminated for that reason. You are hereby authorized to verify the information I have supplied and to conduct any investigation of my personal history including a criminal background check. I further understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without prior notice and without cause.

(Sign Here)

Date