





126 Rhue Street  
 P. O. Box 688  
 AHOSKIE, NC 27910  
 Telephone (252) 332-2131 • Fax (252) 332-7611

## EMPLOYMENT APPLICATION

An Equal Employment Opportunity Employer – Sex/Handicapped/Age/Race/Veteran Status

**(PLEASE PRINT IN INK)**

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

How long at present address? \_\_\_\_\_ Birthdate (Month-Day Only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you 18 years of age or older?  Yes  No

Previous Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Phone No. \_\_\_\_\_ Social Security No. \_\_\_\_\_  
AREA CODE

Position Applying for: \_\_\_\_\_

Are you applying for full time  or part-time  employment? Expected pay: \$ \_\_\_\_\_ Date Available \_\_\_\_\_

Total hours available per week \_\_\_\_\_

Hours available:

	M	T	W	T	F	S	S
From:							
To:							

Note: Employees may be required to work other than those choices preferred or assigned.

Lifting Items up to 50 lbs may be required in the course of your employment. Can you do this on your own.  Yes  No

(Note: Applicants will not necessarily be disqualified if they are unable to participate in a particular job duty.)

Constant physical activity (assisting customers, stocking shelves, cleaning store and property, etc.) is necessary. Are you

able to perform duties of this type throughout the entire shift on your own or with reasonable accommodation?  Yes  No

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.?  Yes  No

Do you have a reliable method of transportation to work as scheduled?  Yes  No; Explain \_\_\_\_\_

Regular attendance of the job by all employees is necessary to the efficient operation of our stores. Is there any reason why you could not comply with this?  No;  Yes; Explain \_\_\_\_\_

Person to notify in case of an emergency:

NAME ADDRESS PHONE

Are you related by Blood or Marriage to anyone now working for Duck Thru Food Stores/Jernigan Oil Co., Inc.?  Yes  No

If so, please state relationship and in which location they work. \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF ANY CRIME?  Yes  No

If Yes, please explain \_\_\_\_\_

Have you been discharged from any employer for any reason including theft or dishonesty?  Yes  No

Comment: \_\_\_\_\_

Under a previous employer were you paid at the sub-minimum training wage?

Yes  No If yes, name & address of employer: \_\_\_\_\_

### EMPLOYMENT HISTORY

Please list the names of all previous employers in consecutive order, with present or last employer listed first. If self-employed, give firm name and supply business references. (If more space is needed, paper will be provided.)

Employer	Telephone	Dates Employed From To	Work Performed
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Address \_\_\_\_\_

Job Title	Supervisor	Hourly Rate/Salary From To	Work Performed
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Reason For Leaving \_\_\_\_\_

Employer	Telephone	Dates Employed From To	Work Performed
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Address \_\_\_\_\_

Job Title	Supervisor	Hourly Rate/Salary From To	Work Performed
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Reason For Leaving \_\_\_\_\_

Employer	Telephone	Dates Employed From To	Work Performed
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Address \_\_\_\_\_

Job Title	Supervisor	Hourly Rate/Salary From To	Work Performed
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Reason For Leaving \_\_\_\_\_

Employer	Telephone	Dates Employed From To	Work Performed
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Address \_\_\_\_\_

Job Title	Supervisor	Hourly Rate/Salary From To	Work Performed
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Reason For Leaving \_\_\_\_\_

Other than above, list any other Convenience Store or retail Gas Stations that you have worked for in the past 10 years.

\_\_\_\_\_  
\_\_\_\_\_

# MILITARY RECORD

Military Branch \_\_\_\_\_

Duties \_\_\_\_\_

Number of jobs held in last 5 years? \_\_\_\_\_

May we contact the employers listed on the previous page?  Yes  No

Have you worked for Duck Thru Food Stores/Jernigan Oil Co., Inc. before?  Yes  No

If yes, When? \_\_\_\_\_, Where? \_\_\_\_\_, Reason for leaving? \_\_\_\_\_

## PERSONAL REFERENCES

List three personal references, other than former employees and relatives.

Name	City/State	Occupation	Telephone	Years Known

## EDUCATIONAL HISTORY

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Name of Junior College, Vocation/Technical School, or University attended: \_\_\_\_\_

Major: \_\_\_\_\_ Degree: \_\_\_\_\_ Specialized Skills or Honors: \_\_\_\_\_

**PLEASE READ CAREFULLY:**

### JOB APPLICANT AGREEMENT

I understand the Company requires certain information about me to evaluate my qualifications for employment and conduct its business if I become an employee. I understand that the Company will attempt to verify statements made on my application and made during my employment interview, and that if any such information is later found to be false in any respect, I may be dismissed. The use of this application blank does not indicate there are positions open and does not in any way obligate this Company.

I authorize personal references as well as developed references, other persons, companies, corporations, credit bureaus, schools, and law enforcement agencies to furnish to the Company and its agents or representatives any information they have concerning me which may include my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of this investigation.

In consideration of my potential employment, I agree to conform to the rules of this Company. I understand that if hired by the Company, my employment is at-will, meaning that I have the right to terminate my employment at any time with or without notice, with or without cause, and that the Company has the same right. I understand my employment by this Company does not constitute a guarantee that any position be continued for any length of time or that any job assignment or shift be permanent. I acknowledge that no one, other than the Exec. Vice President of the Company, has the authority to make any agreement to the contrary and any such agreement must be in writing and signed by the parties.

I understand that I may be required to work scheduled and unscheduled overtime and scheduled weekend and holiday work when required by Duck Thru Food Stores/Jernigan Oil Co., Inc. The Immigration Reform and Control Act of 1986 requires that, after employment, employers verify the legal work authorization and identity of all new employees. An offer of employment will depend upon the Company's ability to verify this necessary information.

I understand that applications are only valid for 60 days, after which time I must reapply for consideration.

I understand that an offer of employment may be conditioned upon the successful completion of a test for drug and/or alcohol abuse and may be conditioned upon the successful completion of a physical exam, and I will upon request, sign all necessary consent forms necessary so Duck Thru Food Stores/Jernigan Oil Co., Inc. may complete its examination of my physical condition for the purpose of determining my ability to perform the essential functions of the job. Failure to sign this consent and the necessary consent forms will be deemed a withdrawal of my application for employment.

\_\_\_\_\_ \*Yes \_\_\_\_\_ \*No **\* Place you initials in the appropriate space to indicate and document your consent to this authorization.**

Applicants Signature

Date

### AUTHORIZATION TO RELEASE EMPLOYMENT REFERENCE INFORMATION

I understand that the Company will attempt to verify statements made on my application and made during my employment interview. When contacted by this Company, I will give my permission for my former employers to answer any and all questions based upon information available to them in my prior employment records. I understand that it is possible that my prior employment records may not be accurate. Nonetheless, in consideration of the Company's review of this application, I release this Company and all former employers from any liability as a result of the furnishing and receiving of this reference information. I understand that my failure to sign this reference release so the Company can contact references and make a full background check of my previous work history will be deemed interference with and a withdrawal of my application for employment.

\_\_\_\_\_ \*Yes \_\_\_\_\_ \*No **\* Place you initials in the appropriate space to indicate and document your consent to this authorization.**

Applicants Signature

Date