



4436 Main Street, Brown City – MI 48416 PH#: (810) 346-2835 – FAX#: (810) 346-3149

## APPLICATION FOR EMPLOYMENT

(Circle location)

Brown City

Marlette South

Brown City Fuelcenter

Imlay City Fuelcenter

<b>Please PRINT all information requested, sign all Releases and the Application.</b>	<b>Please complete application in full. Resumes may be attached but NOT as a substitute. Only applications that are complete, legible, and signed will be considered.</b>	<b><u>For Office Use Only</u></b>
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Hours Available to Work	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM:							
TO:							

### PERSONAL DATA

Date: \_\_\_\_\_ Position Applying For: \_\_\_\_\_ Wage Desired: \_\_\_\_\_

Employment Desired:  FULL-TIME  PART-TIME  SEASONAL: Winter / Summer      How soon are you available for Work? \_\_\_\_\_

Name \_\_\_\_\_  
Last                      First                      Middle                      Maiden

Present address \_\_\_\_\_  
Number                      Street                      City                      State                      Zip

Home Phone ( ) \_\_\_\_\_ Cell or Msg Phone ( ) \_\_\_\_\_ E-mail address \_\_\_\_\_

Are you a United States Citizen: \_\_\_\_\_ If not, what type of Visa do you have? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you over the age of 16? \_\_\_ 18? \_\_\_

DO YOU HAVE A DRIVER'S LICENSE?     Yes     No    Type (Circle): D-1    CDL-A    CDL-B

What is your means of transportation to work? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME?     No     Yes

If yes, explain conviction(s), nature of offense(s) State(s) where offenses occurred, and Sentence(s) imposed by the Court.  
**(Include driving offenses if applicable to position applying for)**

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

### MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?     Yes     No

ARE YOU PRESENTLY ON ACTIVE DUTY OR A MEMBER OF THE NATIONAL GUARD?     Yes     No

Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_ Type Discharge \_\_\_\_\_ Specialty \_\_\_\_\_

### EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	# OF YEARS COMPLETED	MAJOR/DEGREE
High School				
College				
Bus. or Trade School				



PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

**Work  
Experience**

Please list your work experience for the **past five years** beginning with your most recent job held.  
If you were self-employed, give firm name.

Name of Employer / Company	Supervisor Name	Employment Dates	Pay or Salary
_____	_____	From ___/___/___	Start _____
Address City, State, Zip Code _____	_____	To ___/___/___	Final _____
Phone number: _____	_____		
Your Job Title: _____	Reason for Leaving: _____		
List the duties you performed, skills you used or learned, support or supervisory positions held and promotions.			
_____			
_____			

Name of Employer / Company	Supervisor Name	Employment Dates	Pay or Salary
_____	_____	From ___/___/___	Start _____
Address City, State, Zip Code _____	_____	To ___/___/___	Final _____
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_____			
_____			

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Address City, State, Zip Code _____	_____	To ___/___/___	Final _____
Phone number: _____	_____		
Your Job Title: _____	Reason for Leaving: _____		
List the duties you performed, skills you used or learned, support or supervisory positions held and promotions.			
_____			
_____			

**PLEASE READ CAREFULLY**

**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application with Ben’s Supercenter, and any business under Ben’s, (hereinafter called “the Company”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the company, or otherwise to change in any respect the “employment-at-will” relationship between the company and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and the company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in staff and/or benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others. I further authorize the company to complete a criminal background check and obtain a copy of my driving record. I hereby release the Company from any liability as a result of such contacts, inquiries, or records in order to ascertain my qualifications and fitness for employment.

I also understand that (1) the Company has a drug and alcohol policy and a sexual harassment policy; (2) my consent to and compliance with these policies is a condition of my employment.

I have also authorized by my signature to release my driver information should it be necessary in the position I am applying for.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable “at will” for any reason by either party.

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_