**APPLICATION FOR EMPLOYMENT**

**PILOT CONVENIENT CENTER INC. DBA: PILOT MOUNTAIN GROCERY**

# GENERAL INFORMATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name (Last)** | **(First)** | | | **(Middle Initial)** | **Home Telephone**  (   )     - |
| Address (Mailing Address) | **(City)** | | (State) | (Zip) | **Other Telephone** (   )     - |
| **E-Mail Address** | | Are you legally entitled to work in the U.S.? ☐ Yes ☐ No | | | |

# POSITION (circle yes or no

|  |  |  |
| --- | --- | --- |
| Cashier: Yes NoPrep and Cook: Yes NoBoth: Yes No | **Will Accept:**  ☐ Part-Time  ☐ Full-Time  ☐ Temporary | **Shift:**  ☐ Open to Afternoon  ☐ Afternoon to close  ☐ Flexible |
| Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? ☐ Yes ☐ No |
| **Salary Desired** | **Date Available** | |

# EDUCATION AND TRAINING

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| High School Graduate Or General Education (GED) Test Passed? ☐ Yes ☐ No  If no, list the highest grade completed | | | | | | | |
| **College, Business School, Military** **(Most recent first)** | | | | | | | |
| Name and Location | Dates  Attended  Month/Year | Credits Earned | | | Graduate | Degree  & Year | Major  or Subject |
| Quarterly or  Semester  Hours | Other  (Specify) | |
|  | From |  |  | | ☐ Yes ☐ No |  |  |
| To |  |
|  | From |  |  | | ☐ Yes ☐ No |  |  |
| To |  |
|  | From |  |  | | ☐ Yes ☐ No |  |  |
| To |  |
|  | From |  |  | | ☐ Yes ☐ No |  |  |
| To |  |
| Occupational License, Certificate or Registration | | **Number** | | **Where Issued** | | | **Expiration Date** |
| Occupational License, Certificate or Registration | | **Number** | | **Where Issued** | | | **Expiration Date** |
| Occupational License, Certificate or Registration | | **Number** | | **Where Issued** | | | **Expiration Date** |
| Languages Read, Written or Spoken Fluently Other Than English | | | | | | | |

# VETERAN INFORMATION (Most recent)

|  |  |  |
| --- | --- | --- |
| **Branch of Service** | **Date of Entry** | **Date of Discharge** |

**SPECIAL SKILLS** **(List all pertinent skills and equipment that you can operate)**

|  |
| --- |
| **(Maximum 1000 characters)** |

**WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Telephone Number** (   )     - | | **From (Month/Year)** |
| **Address** | | |
| **Job Title** | **Number Employees Supervised** | | **To (Month/Year)** |
| **Specific Duties (Maximum 1000 characters)** | | |
| **Hours Per Week** |
|
| **Last Salary** |
|
| **Supervisor** |
|
| **Reason For Leaving** | | **May We Contact This Employer?**  ☐ Yes ☐ No | |
| **Employer** | **Telephone Number** (   )     - | | **From (Month/Year)** |
| **Address** | | |
| **Job Title** | **Number Employees Supervised** | | **To (Month/Year)** |
| **Specific Duties (Maximum 1000 characters)** | | |
| **Hours Per Week** |
|
| **Last Salary** |
|
| **Supervisor** |
|
| **Reason For Leaving** | | **May We Contact This Employer?**  ☐ Yes ☐ No | |
| **Employer** | **Telephone Number** (   )     - | | **From (Month/Year)** |
| **Address** | | |
| **Job Title** | **Number Employees Supervised** | | **To (Month/Year)** |
| **Specific Duties (Maximum 1000 characters)** | | |
| **Hours Per Week** |
|
| **Last Salary** |
|
| **Supervisor** |
|
| **Reason For Leaving** | | **May We Contact This Employer?**  ☐ Yes ☐ No | |
| **Employer** | **Telephone Number** (   )     - | | **From (Month/Year)** |
| **Address** | | |
| **Job Title** | **Number Employees Supervised** | | **To (Month/Year)** |
| **Specific Duties (Maximum 1000 characters)** | | |
| **Hours Per Week** |
|
| **Last Salary** |
|
| **Supervisor** |
|
| **Reason For Leaving** | | **May We Contact This Employer?**  ☐ Yes ☐ No | |

**I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.**

### Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviewer’s Comments:

|  |
| --- |
|  |
|  |
|  |