



## Cardinal Country Stores

156 KY Oil Village  
Betsy Layne, KY 41605  
Phone (606) 478-9501  
Fax (606) 478-9504

<http://www.teamkore.com/ccs.html>

# APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

POSITION(S) APPLIED FOR: \_\_\_\_\_ RATE OF PAY EXPECTED? \_\_\_\_\_

\_\_\_\_ Office/Administration

OVERTIME AVAILABILITY \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_ Store Manager

APPLYING FOR: \_\_\_\_ Full-time \_\_\_\_ 1st Shift  
\_\_\_\_ Part-time \_\_\_\_ 2<sup>nd</sup> shift

\_\_\_\_ Assistant Manager

\_\_\_\_ Cashier

\_\_\_\_ Other \_\_\_\_\_

HAVE YOU EVER APPLIED FOR A POSITION WITH US? \_\_\_\_ Yes \_\_\_\_ No WHEN? \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY US? \_\_\_\_ Yes \_\_\_\_ No WHEN? \_\_\_\_\_

DO YOU HAVE A RELATIVE WORKING FOR US? \_\_\_\_ Yes \_\_\_\_ No

NAME & RELATIONSHIP \_\_\_\_\_ ARE YOU OVER 18 YEARS OF AGE? \_\_\_\_ Yes \_\_\_\_ No

IF EMPLOYMENT IS OFFERED, CAN YOU PRODUCE PERSONAL IDENTIFICATION OR VERIFICATION OF YOU LEGAL RIGHT TO WORK IN THE UNITED STATES? \_\_\_\_ Yes \_\_\_\_ No

HAVE YOU EVER SERVED IN THE MILITARY? \_\_\_\_ Yes \_\_\_\_ No DISCHARGE DATE \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_ BRANCH OF SERVICE \_\_\_\_\_

RANK \_\_\_\_\_

PRESENT MEMBERSHIP IN NAT. GUARD OR RESERVES? \_\_\_\_\_

DATE OBLIGATION ENDS \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

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## EMPLOYMENT HISTORY (MOST RECENT EMPLOYMENT FIRST)

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EMPLOYER	ADDRESS	PHONE#	SUPERVISOR
<hr/>			
DATES (FROM & TO)	EARNINGS (START & FINAL)	REASON FOR LEAVING	
<hr/>			
JOB TITLE/DUTIES			

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<hr/>			
JOB TITLE/DUTIES			

HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM ANY EMPLOYMENT? \_\_\_\_ Yes \_\_\_\_ No PLEASE EXPLAIN \_\_\_\_\_

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DRIVER'S LICENSE NO \_\_\_\_\_ STATE \_\_\_\_\_ EXP DATE \_\_\_\_\_

AUTOMOBILE LICENSE NO \_\_\_\_\_ MAKE/MODEL/YEAR \_\_\_\_\_

# EDUCATIONAL DATA

<u>SCHOOL</u>	<u>NAME</u> <u>LOCATION</u>	<u>COURSE OF</u> <u>STUDY</u>	<u>NO. OF</u> <u>YEARS/HOURS</u> <u>COMPLETED</u>	<u>DID YOU</u> <u>GRADUATE?</u>
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COLLEGE:

HIGH SCHOOL:

VOCATIONAL:

OTHER:

**IN ORDER TO PERMIT A CHECK OF YOUR WORK AND EDUCATION RECORDS,  
SHOULD WE BE MADE AWARE OF ANY CHANGE OF NAME THAT YOU PREVIOUSLY  
USED? \_\_\_\_\_**

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- \* Review information provided by previous employers;
- \* Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- \* Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

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**CONTACT PERSON IN CASE OF AN EMERGENCY OR ACCIDENT**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
HOME PHONE#

\_\_\_\_\_  
BUSINESS PHONE#

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