

# MINIT MART, INC. / RAMCO, INC.

## APPLICATION for EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion or national origin.

<b>PERSONAL</b>	LAST NAME	FIRST	MIDDLE	DATE
	MAILING ADDRESS			SOCIAL SECURITY #
	CITY, STATE, ZIP			HOME PHONE #
	STREET ADDRESS			BUSINESS PHONE #
	CITY, STATE, ZIP			HOW LONG AT PRESENT ADDRESS? _____ YEARS
	PREVIOUS ADDRESS			HOW LONG AT PREVIOUS ADDRESS _____ YEARS
	CITY, STATE, ZIP			ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
	STATE NAMES OF RELATIVES WORKING FOR US, OTHER THAN SPOUSE:			ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IN CASE OF EMERGENCY NOTIFY:			
	NAME _____		ADDRESS _____	PHONE _____

<b>POSITION</b>	POSITION DESIRED	PAY EXPECTED	WHEN WILL YOU BE AVAILABLE TO BEGIN WORK?
	ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	I AM WILLING TO WORK THESE SHIFTS (CHECK ALL THAT APPLY) <input type="checkbox"/> 6 AM - 2PM <input type="checkbox"/> 2 PM - 10 PM <input type="checkbox"/> 2 PM - 7 PM <input type="checkbox"/> 7 PM - 12:30 AM <input type="checkbox"/> 10 PM - 6 AM	
	APPROXIMATE # OF HOURS DESIRED	WILL YOU WORK OVERTIME IF ASKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU WILLING TO STAY OVER IF NEEDED? <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>EDUCATION</b>	SCHOOL	NAME & LOCATION of SCHOOL	COURSE of STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA
	COLLEGE	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
	TRADE/ BUSINESS/ TECHNICAL	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
	HIGH SCHOOL	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
	ELEMENTARY	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____

<b>REFERENCES</b>	NAME	ADDRESS & TELEPHONE NO.	BUSINESS	YEARS ACQUAINTED

# EMPLOYMENT

Please give accurate, complete full-time & part-time employment record. Start with your present or most recent employer.

<b>1</b>	COMPANY NAME _____	TELEPHONE (    ) _____
	ADDRESS _____	EMPLOYED- (state month and year) _____
	NAME OF SUPERVISOR _____	PAY Start _____ Last _____
	STATE JOB TITLE & DESCRIBE YOUR WORK _____	REASON FOR LEAVING _____

<b>2</b>	COMPANY NAME _____	TELEPHONE (    ) _____
	ADDRESS _____	EMPLOYED- (state month and year) _____
	NAME OF SUPERVISOR _____	PAY Start _____ Last _____
	STATE JOB TITLE & DESCRIBE YOUR WORK _____	REASON FOR LEAVING _____

<b>3</b>	COMPANY NAME _____	TELEPHONE (    ) _____
	ADDRESS _____	EMPLOYED- (state month and year) _____
	NAME OF SUPERVISOR _____	PAY Start _____ Last _____
	STATE JOB TITLE & DESCRIBE YOUR WORK _____	REASON FOR LEAVING _____

<b>4</b>	COMPANY NAME _____	TELEPHONE (    ) _____
	ADDRESS _____	EMPLOYED- (state month and year) _____
	NAME OF SUPERVISOR _____	PAY Start _____ Last _____
	STATE JOB TITLE & DESCRIBE YOUR WORK _____	REASON FOR LEAVING _____

<b>WE MAY CONTACT THE EMPLOYEERS LISTED ABOVE UNLESS YOU INDICATE THOSE YOU DO NOT WANT US TO CONTACT</b>	<b>DO NOT CONTACT</b>	
	EMPLOYEE _____	PHONE # _____
	REASON _____	_____

<b>S I G N A T U R E</b>	The information provided in the Application for Employment is true, correct, and complete. If employed, any misstatements or omission of fact on this application may result in my dismissal.	
	I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.	
	DATE _____	SIGNATURE _____