



# EMPLOYMENT APPLICATION

APPLICANT INFORMATION											
Answer all questions. Do not leave any blanks. Write N/A if not applicable.											
Last Name				First				M.I.	Date		
Street Address							Apartment/Unit #				
City				State				ZIP			
Phone				E-mail Address (Optional)							
Date Available				Social Security No.				Desired Salary/Rate			
Driver License No:											
Position Applying for:	<input type="checkbox"/> Cashier <input type="checkbox"/> Assistant Manager <input type="checkbox"/> Manager <input type="checkbox"/> Maintenance <input type="checkbox"/> Other _____										
Check all that apply:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time										
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?								
Have you ever applied for employment with us?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when and where?								
Have you ever been convicted of, or have you pled guilty or no contest to, a misdemeanor or felony offense.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					(A conviction will not necessarily bar employment; Failure to disclose will bar employment)			
Do you have relatives employed by Timewise?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes give name.								
Can you work hours other than those regularly scheduled? <input type="checkbox"/> YES <input type="checkbox"/> NO											
Are you legally entitled to work in the United States of America? <input type="checkbox"/> YES <input type="checkbox"/> NO U.S. Law requires that if hired, you must furnish proof of your eligibility to work in the U.S.											
Please list any other names you have identified as yourself:											
EDUCATION: List all high school, college, university or technical training.											
<b>HIGH SCHOOL:</b>				Address							
Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/> GED <input type="checkbox"/>											
<b>COLLEGE:</b>				Address							
Years Completed:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree							
<b>OTHER:</b>				Address							
Years Completed:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree							
PREVIOUS EMPLOYMENT: List all employment for the past 10 years, starting with your present or last employer. For any unemployed or self-employed periods show dates. Complete your employment record as fully as possible.											
Company				Phone	(    )						
Address City/State				Supervisor							
Job Title				Starting Salary	\$			Ending Salary	\$		
Responsibilities											
From: mm/dd/yy	To: mm/dd/yy	Reason for Leaving									
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>						

<b>Company</b>				Phone	( )
Address City/State				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From: mm/dd/yy	To: mm/dd/yy	Reason for Leaving			
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>Company</b>				Phone	( )
Address City/State				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From: mm/dd/yy	To: mm/dd/yy	Reason for Leaving			
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>Company</b>				Phone	( )
Address City/State				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From: mm/dd/yy	To: mm/dd/yy	Reason for Leaving			
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	

<b>REFERENCES: Please list two persons familiar with either your work or academic background.</b>					
Full Name				Relationship	
Company				Phone	( )
Address					
Full Name				Relationship	
Company				Phone	( )
Address					
<b>ADDRESS HISTORY: List previous addresses:</b>					
(Address, city & state)			(From) (To)		
(Address, city & state)			(From) (To)		
(Address, city & state)			(From) (To)		
(Address, city & state)			(From) (To)		

**APPLICANT SURVEY: The next set of questions will be used to further evaluate your qualifications for available positions.**

1. YES  NO  CAN YOU OPERATE A CASH REGISTER?  
\_\_\_\_\_
2. YES  NO  DO YOU AGREE TO AUTHORIZE A BACKGROUND CHECK ?  
\_\_\_\_\_
3. YES  NO  DO YOU READ, WRITE AND SPEAK THE ENGLISH LANGUAGE?  
\_\_\_\_\_
4. YES  NO  ARE YOU FAMILIAR WITH PC PROGRAMS?  
\_\_\_\_\_
5. YES  NO  WILL YOU AGREE TO WEAR A CLEAN AND NEAT UNIFORM?  
\_\_\_\_\_
6. YES  NO  ARE YOU WILLING TO WORK A FLEXIBLE SCHEDULE INCLUDING WEEKENDS AND HOLIDAYS?  
\_\_\_\_\_
7. YES  NO  ARE YOU CURRENTLY TABC SELLER CERTIFIED? IF SO PLEASE LIST DATE OF EXPIRATION \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_
8. YES  NO  DO YOU AGREE TO SUBMIT TO A DRUG SCREENING AS A CONDITION FOR EMPLOYMENT OR FOR CONTINUED EMPLOYMENT IF HIRED?  
\_\_\_\_\_

**HOW DID YOU HEAR ABOUT US? (CHECK ALL THAT APPLY)**

- STORE SIGNAGE    NEWSPAPER AD    INTERNET JOB POSTING    EMPLOYEE REFERRAL    OTHER \_\_\_\_\_

**MILITARY SERVICE**

Branch		From		To	
Rank at Discharge		Type of Discharge			
Describe any training received relevant to the position for which you are applying.					

**APPLICATION CERTIFICATION: PLEASE READ CAREFULLY BEFORE SIGNING**

I certify that my answers provided in the Application for Employment are true and complete to the best of my knowledge.

I understand that this application for employment does not create any employment agreement, either express or implied, nor is it intended to create any enforceable obligations on the part of Landmark Industries dbaTimewise Food Stores (“Timewise Food Stores”) or its employees except as specified in this application.

If this application leads to employment, I understand that misrepresentation or omission of facts in my application or interview will be sufficient cause for cancellation of consideration for employment or dismissal if I have been employed.

I understand my employment may be terminated by Timewise Food Stores with or without cause and at any time or by my own termination.

I understand my employment may be contingent upon passing a background check, drug test and the passing of the Texas Alcoholic Beverage Commission’s Approved Seller Training Program test (for those employees engaged the selling of TABC regulated items). I authorize Timewise Food Stores, its affiliates and agents to investigate all statements contained in this application. I authorize Timewise Food Stores, it affiliates and agents to obtain a background check and a drug test. If a report is obtained, Timewise Food Stores will provide, at my request, the name of the agency so I may request from them the nature and substance of the information contained in the report.

I understand Timewise Food Stores is a drug-free workplace and if I am employed I will abide by Timewise Food Store’s drug and alcohol policy including participation in drug testing when deemed necessary by Timewise Food Stores.

I agree to follow the policies of Timewise Food Stores. I understand that all information I learn about the company will be kept in confidence by me and will not be disclosed to any other party.

I HAVE READ THE ATTACHED **STATEMENT OF ESSENTIAL JOB FUNCTIONS** AND HEREBY ACKNOWLEDGE THAT I CAN PERFORM THESE FUNCTIONS AS STATED. I UNDERSTAND THAT IN THE EVENT I AM UNABLE TO PERFORM ANY OF THESE FUNCTIONS, I MAY CONTACT MY SUPERVISOR TO FURTHER DISCUSS MY EMPLOYMENT OPPORTUNITIES.

Signature		Date	
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