



**Food Stores, Inc.**

**DRIVER'S LICENSE INFORMATION**

DL Type	State	#
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**PERSONAL INFORMATION**

Name (Last, First, Middle)				Social Security Number	
Street Address		City	State	Zip	Telephone number where you can be contacted.
Have you ever worked for or applied for work with Zip 'N'?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where and when?		Date of First Employment (if applicable)	Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any physical condition or handicap which may limit your ability to perform the job for which you are applying?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what can be done to accommodate your limitation?	
An offer of employment may be contingent on your passing a job-related physical examination.					
Have you been convicted of a criminal offense within the past seven years? (Except minor traffic offenses). Conviction is not necessarily a bar to employment.		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give details.	
Only U.S. citizens or aliens who have a legal right to work and remain permanently in the U. S. are eligible for employment.		You must, before employment, submit verification of your legal right to work in the United States. Verification of your legal right to work in the United States must be submitted at time of interview. The following are acceptable documents: (1) Birth Certificate or a Social Security card; and (2) a driver's license, other state I. D. card, or a resident alien card ("green card") or a valid U. S. passport or a foreign passport with a valid U. S. work permit.			
Referred to Zip 'N' by:		In case of emergency, notify the following person:		Name:	Address:
				Phone:	

**EMPLOYMENT INTERESTS**

Position for which you are applying:		Salary Expected	Date Available for Work					
			<input type="checkbox"/> Full-time <input type="checkbox"/> Regular <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary					
With regard to store assignment, do you have any location preferences or restrictions?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify.					
A Store Manager or Assistant Store Manager position may require use of a car or other motorized vehicle. If use of such a vehicle were required in the job for which you are applying ...		A. Do you have or can you get a valid driver's license? B. Do you have access to a car or other motorized vehicle? C. Do you have or can you get liability insurance on such a vehicle? D. Do you have or can you get a telephone?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please indicate the days and hours which you prefer to work. Be sure to state A.M. or P.M.		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

**EDUCATION**

SCHOOL	NAME AND LOCATION	ATTENDED		LAST GRADE OR LEVEL COMPLETED	DIPLOMA OR DEGREE	COURSE / MAJOR
		YES	NO			
High School						
College, Business, Vocational or Other Training						

**EMPLOYMENT HISTORY**

Please list **ALL JOBS**, beginning with your present or last employer. Account for **ALL** time periods, including **UNEMPLOYMENT, SELF-EMPLOYMENT, and U. S. MILITARY SERVICE**. If space is insufficient, list on a separate page or additional application form.

1. Name and Address:		Type of Business	SALARY		DATE	
			Start	End	Start	End
Job Title		Duties and Responsibilities	Reason for leaving or wishing to leave		May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Department	Supervisor				Telephone Number	
2. Name and Address:		Type of Business	SALARY		DATE	
			Start	End	Start	End
Job Title		Duties and Responsibilities	Reason for leaving		Telephone Number	
Department	Supervisor					
3. Name and Address:		Type of Business	SALARY		DATE	
			Start	End	Start	End
Job Title		Duties and Responsibilities	Reason for leaving		Telephone Number	
Department	Supervisor					
4. Name and Address:		Type of Business	SALARY		DATE	
			Start	End	Start	End
Job Title		Duties and Responsibilities	Reason for leaving		Telephone Number	
Department	Supervisor					

**SPECIAL EMPLOYMENT NOTICE**

If employed, I agree to conform to all of the policies and procedures of Zip 'N / Broach Oil Company and subsidiaries and recognize that my employment and compensation can be terminated, with or without cause, and without notice at anytime. I understand that no employee of Zip 'N / Broach Oil Company and subsidiaries other than an Officer of the Corporation has authority to enter into any agreement for employment for a specified period of time.

**STATEMENT**

I certify the facts set forth in my application for employment are true and complete. I understand that, if employed, false statements on this application shall be considered sufficient cause for dismissal. I authorize Zip 'N / Broach Oil Company and subsidiaries to verify all statements contained in this application and to contact schools, former employers, and to otherwise investigate my personal and professional background, as necessary and as limited above for my present employer.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

This application is considered active for 60 days from the above date.

**FOR OFFICE USE ONLY**

(Check One Only)

- No Opening
- Better Candidate Available
- Offer Extended And Hired
- Hold For Future Opening
- Not Qualified
- Offer Extended But Rejected
- Could Not Locate Applicant

# CREDIT AND REFERENCE CHECK AUTHORIZATION

DATE: \_\_\_\_\_

(Please print clearly with ink)

I \_\_\_\_\_, hereby give Zip'N Food Stores my permission and authorization to obtain credit information and to check my personal references and references of past employment.

\_\_\_\_\_  
PRESENT ADDRESS

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SIGNATURE



## **AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION**

Under the provisions of the Fair Credit Reporting Act (FCRA), 15 U.S.C. § 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit BRENCO Marketing/Zip N Food Stores Texas, LLC to obtain a consumer report and/or an investigative consumer report which may include the following: my employment records, driving history records, criminal history, credit history, civil record, workers' compensation (post-offer only), drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information. I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as iiX from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the FCRA, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification. I understand a copy of this report may be obtained from iiX located at 3011 Earl Rudder Fwy S, College Station, TX 77845-6021. Their telephone number is (866) 560-7015 and fax number is (201) 748-1449.

I hereby authorize iiX to obtain and prepare a consumer report as set forth above, as part of its investigation of my employment application on behalf of my employer. I agree that a copy of this authorization has the same effect as an original. This authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

Applicant Full Name \_\_\_\_\_  
Signature Date \_\_\_\_\_