

Evergreen Food & Gas INC

27659 Highway 74, Evergreen, CO 80439

Convenience Plus 5 INC

3142 Evergreen Parkway, Evergreen, CO 80439

mycstoreusa@gmail.com & evergreenfoodandgas@gmail.com

convenienceplus5@gmail.com Phone # 303-993-3672

Job Application for Employment

Equal Employment Opportunity – it’s our policy to provide equal employment opportunity throughout the company for qualified persons without regard to race, color, religion, age, sex, national origin, disability or veteran status.

Phone # Email:

Today’s Date: SSN #

Full Name: Date of Birth:

Position Desired: Applied Position:

Address:

Applied Location: Evergreen: Denver: Other:

Date Available to Start: Desired Salary:

Phone # Email Address:

Type of Work Desired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Part Time		Full Time		Temporary	

Our Shifts: Opening Shift 4:30 AM – 2 PM/Mid Shift 7 AM – 3 PM/Closing Shift 3 PM – 11 PM

Available to Work – We prefer flexible person

Days	Available to Work- All Shift	Opening Shift	Mid Shifts	Closing Shifts	Remarks
Monday - Friday					
Week Ends					
Holidays					
All Days/Shift					

Will you able to Work our other Locations; if needed (covering shifts only): Evergreen and Denver

.....

Personal Information's:

- 1. Do you have transportation to Work?
- 2. Have you ever pleaded guilty, no contest or been convicted of crime?.....
If yes, Explain:
- 3. Any major traffic violation or DUI?
If yes, Explain:
- 4. Did you work with us before (any Shell, Sinclair, Valero or Corner Store) : if yes when & reason for leaving
- 5. Do you know anyone employed by any Convenience Plus locations, Shell or Sinclair?
..... If yes: Name:.....
- 6. Do you use tobacco products?
- 7. Do you have any visible Tattoos:
- 8. Can you furnish proof of your legal right to work in the United States:
- 9. Drug Test: will you allow us to Drug test (any time before/after hire) initial.....
- 10. Do you have any knowledge of U-Haul?

Legal Status:

US Citizen:Permanent Resident: Work Permit:

- 11. Do you have any Medical issues that may affect to work/performance?.....
If yes: explain.....
- 12. Driver's license number: State:
- 13. Can you authorize us for your Drug/Background Test? Signature:

Education History

Name and Location of High School: Did you Graduate?.....

Name & Location of College: Years attended:.....

Degrees Completed: Other Subject Studies:

Trade, Business or Correspondence School: Years attended:

Subject Studies: Did you Graduate:

Summarize your special Skills and Qualification:

Basic Computer Skills: MS Word, Ms Excel:
Communication Skills:
Customer Service Skills:
Other Skills:.....
.....

Employment History:

Most recent Employer:..... Phone #
Address:
Date Start: Initial Position: Initial Pay:
Date Left: Final Position: Final Pay:
Name and Title of Supervisor:
Reason for Leaving:
May we communicate with your employer for reference?Phone #

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References:

Name: Relationship: Phone #

N Name: Relationship: Phone #

Name: Relationship: Phone #

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the reference and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time or to make agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability related or medical information in manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws"

Name : Signature:.....

Date:.....

Official Use only:

Application receive date:

First Interview Date: Second Interview Date:

Drug Test Date: Drug Test Report:

Background Test Date: Background Test Report:

Approve to Hire: Approved By: Hire Date:.....

Report to State of Colorado New Hire: Date:

Hired Initial Position: Initial Pay: Date Left:Final

Position: Final Pay: Reason for Left:

Driver License Social Security W-4 Form I9 Form Resume

Other Note: