



PENRYN ESTD Grill 2019
ESTD GALLO 2019

Street Address	City		State Zip	Zip		Telephone no. where you can be contacted ()			
Have you ever worked at a C-Store / Gas Station YES NO	If Yes, where and when?		Date of I" Employment (if former Employee)			Are you over 18 years of age? YES NO Are you over 21 years of age? YES NO			
Have you been convicted of a crimin seven years? (Except minor traffic can you upon employment, submit	nal offense with offenses), YEs verification of	hin the past S NO your legal right to w	If YES, give details. ork in the United Sta	tes and c			1	rred by:	
verifying your identity? YES NO									
EMPLOYMENT INTERESTS Position for which you are applying:					Salary E	xnected	Data	Available	
				Sa			ary Expected Date Available D Full-time DPart-time		
With regard to initial work location, do you have any geographic preferences? YES NO		If YES, specify			to travel?			If YES, what percentage?	
Are there any hours, shifts, or day you cannot or will not work? YES NO									
STORE POSITIONS ONLY Please indicate the days and hours you are available to work. Be sure to state AM or PM	MONDAY	TUESDAY	WEDNESDAY	THU	RSDAY	FRID	AY	SATURDAY	SUNDAY
Certain positions within the companiuse of a car or other motorized vehicle such a vehicle where required in the you are applying Other specialized skills or informati	cle. If you use ejob for which	B. Do you have	a valid driver's licen access to a car or oth or can you get liabil	er motor ity insur			ale?	YES NO YES NO YES NO	
			Tor winch you are ap	plying					
Education			Tor winch you are ap	plying					
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EMPLOYMENT HI	STORY-INFORMA	TION WILL BI	E VERIFIE	D; TELEPHONE	NUMBER	S ARE VER	Y IMPORTANT		
Please list ALL JOBS, begin EMPLOYMENT, AND U.S.	ming with your pres	ent or last emplo	oyer. Accor	unt for ALL time 1	periods, in	cluding UNE	MPLOYEMENT, SELF-		
I. Name and Address			DATES OF EMPLOYMENT			SALARY			
~ ~			Start	End		Start	End		
Job Title	Dept	Supervisor		May we contact em	ployer? NO	Telephone N	umber		
Duties and Responsibilities	Type of	Type of Business Reason for			leaving or wishing to leave				
2. Name and Address	d Address			FEMPLOYMENT		SALARY	SALARY		
			Start	End		Start	End		
Job Title	Dept.	Supervisor		May we contact en YES	nployer? NO	Telephone 1	Number		
Duties and Responsibilities		Type of	Business	1	Reason fo	or leaving or wi	shing to leave		
3. Name and Address		DATES O	F EMPLOYMENT		SALARY				
			Start	End		Start	End		
Job Title	Dept.	Supervisor		May we contact e	mployer? NO	Telephone	Number		
Duties and Responsibilities		Type of	Business		Reason fo	or leaving or wi	shing to leave		
4. Name and Address			DATES OF EMPLOYMENT			SALARY			
			Start	End		Start	End		
Job Title	Dept.	Supervisor		May we contact employer? YES NO		Telephone Number			
Duties and Responsibilities Type of B		isiness Reason f			or leaving or wishing to leave				
Penryn 76 / KKC is commemployment of applicants veterans; or c) are veterans this application. You may a you are applying and the new contraction and the new contraction.	who a) have a physic of the Vietnam era lso provide informa	ical or mental of the skill of	r health co inteer this lls and/or p	ndition which mainformation to the rocedures you us	y be regarded by the second se	arded as a d ment represe	lisability; b) are disable entative when you submit		

u are applying and the nature and type of accommodations which you feel an employer may need to make in order to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

I certify the facts set forth in my application for employment are true and complete. I understand that, if employed, false statements in this application may be considered sufficient cause for dismissal. I authorize Penryn 76 to verify all statements contained in this application and to contact schools, former employers, and to otherwise investigate my personal and professional background, asnecessary and as limited above for my present employer. I authorize and release any and all former and/or present employers from anyliability whatsoever in connection with Penryn 76's attempts to verify my past employment. I also understand that, if employed I will be required to complete the Immigration Service form 1-9 for employment eligibility and show required supporting documentation.

I hereby authorize and direct the employer to withhold and deduct from my paycheck or from any monies owed me or held for me by said employer all or any portion thereof upon the amount of, and in payment of, any indebtedness I may have said employer at time of termination of employment.

Applicant's Signature —	- Date:
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