



We appreciate your interest in Profile State Line Superstore and assure you that your application will be given serious consideration. Applications remain active for a minimum of three months unless evaluated for a position within that time. Profile State Line Superstore is an Equal Opportunity Employer which prohibits discrimination because of age, sex, race, color, marital status, disability, religion, national origin, or any other non-merit factor.

**GENERAL INSTRUCTIONS:**

1. Print in ink or type information required
2. Failure of applicant to furnish all information and records requested below may result in rejection of the application. ALL INFORMATION IS SUBJECT TO VERIFICATION.
3. Should additional space be needed to fully complete any part of the application, continue on plain white 8.5x11 paper identifying the question being continued. Place your name on the paper along with the position being applied for.

**POSITION DATA**

POSITION BEING APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

TYPE OF EMPLOYMENT SOUGHT: FULL-TIME: \_\_\_\_\_ PART-TIME: \_\_\_\_\_ TEMPORARY: \_\_\_\_\_

HOW MANY HOURS CAN YOU WORK WEEKLY? \_\_\_\_\_ CAN YOU WORK NIGHTS? \_\_\_\_\_

WHEN ARE YOU AVAILABLE FOR WORK? \_\_\_\_\_

**BIOGRAPHICAL INFORMATION**

NAME: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_

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

MAILING ADDRESS (if different): \_\_\_\_\_

TELEPHONE: HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

PREVIOUS ADDRESS (if present is less than 5 yrs): \_\_\_\_\_

ARE YOU OVER THE AGE OF 18? YES: \_\_\_\_\_ NO: \_\_\_\_\_

ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Have you been convicted of crimes during the past 7 years (excluding juvenile offenses, crimes which have been annulled, and offenses which carried no potential jail sentence)? Conviction is not an absolute bar to employment.

NO: \_\_\_\_\_ YES: PLEASE DESCRIBE: \_\_\_\_\_

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HAVE YOU EVER BEEN IN THE ARMED FORCES? YES: \_\_\_\_\_ NO: \_\_\_\_\_

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? YES: \_\_\_\_\_ NO: \_\_\_\_\_

**DRIVING HISTORY**

Questions must be answered by all applicants for positions requiring a motor vehicle operators license to establish minimum qualifications pursuant to the position classification description.

STATE: \_\_\_\_\_ TYPE: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

STATE: \_\_\_\_\_ TYPE: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

HAVE YOU HAD ANY ACCIDENTS DURING THE LAST 3 YEARS? \_\_\_\_\_ IF SO, HOW MANY? \_\_\_\_\_

HAVE YOU HAD ANY MOVING VIOLATIONS DURING THE PAST THREE YEARS? \_\_\_\_\_ IF SO, HOW MANY? \_\_\_\_\_

HAVE YOU EVER HAD YOUR LICENSE SUSPENDED OR FORFEITED? \_\_\_\_\_

PLEASE DESCRIBE: \_\_\_\_\_

**PERSONAL REFERENCES - other than relative or previous employers** 1

NAME AND OCCUPATION: \_\_\_\_\_

ADDRESS/CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME AND OCCUPATION: \_\_\_\_\_

ADDRESS/CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME AND OCCUPATION: \_\_\_\_\_

ADDRESS/CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**SPECIALIZED TRAINING**

List any specialized training you have received, other than high school or college level credit courses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

HIGH SCHOOL - NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

DATES ATTENDED: \_\_\_\_\_ COURSE OF STUDY: \_\_\_\_\_

NUMBER OF YEARS COMPLETED: \_\_\_\_\_ DID YOU GRADUATE? \_\_\_\_\_

LIST DIPLOMAS OR DEGREES: \_\_\_\_\_

COLLEGE - NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

DATES ATTENDED: \_\_\_\_\_ COURSE OF STUDY: \_\_\_\_\_

NUMBER OF YEARS COMPLETED: \_\_\_\_\_ DID YOU GRADUATE? \_\_\_\_\_

LIST DIPLOMAS OR DEGREES: \_\_\_\_\_

OTHER- SPECIFY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

DATES ATTENDED: \_\_\_\_\_ COURSE OF STUDY: \_\_\_\_\_

NUMBER OF YEARS COMPLETED: \_\_\_\_\_ DID YOU GRADUATE? \_\_\_\_\_

LIST DIPLOMAS OR DEGREES: \_\_\_\_\_

**EMPLOYMENT HISTORY**

LIST EMPLOYMENT HISTORY FOR LAST 10 YEARS, INCLUDING MILITARY SERVICES

PRESENT OR LAST EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

PHONE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

JOB RESPONSIBILITIES: \_\_\_\_\_ LAST WEEKLY SALARY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**EMPLOYMENT HISTORY - continued**

NAME: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
PHONE: \_\_\_\_\_ LAST WEEKLY SALARY: \_\_\_\_\_  
JOB RESPONSIBILITIES: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

NAME: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
PHONE: \_\_\_\_\_ LAST WEEKLY SALARY: \_\_\_\_\_  
JOB RESPONSIBILITIES: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

NAME: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
PHONE: \_\_\_\_\_ LAST WEEKLY SALARY: \_\_\_\_\_  
JOB RESPONSIBILITIES: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

PLEASE ACCOUNT FOR ANY GAPS IN EMPLOYMENT HISTORY-see instructions for recording additional information  
MAY WE CONTACT YOUR PRESENT EMPLOYER REGARDING YOUR QUALIFICATIONS? YES: NO:  
HAVE YOU EVER BEEN EMPLOYED BY PROFILE STATE LINE SUPERSTORE? NO:  
IF YES, HOW LONG EMPLOYED? YEARS DATES: FROM: TO:  
WHAT DEPARTMENT? WHAT POSITION?  
HAVE YOU EVER BEEN EMPLOYED BY ANY MEMBER OF THE PROFILE GROUP OR THE PATSY'S COMPANIES?  
NO: IF YES, WHAT LOCATION?  
HOW LONG EMPLOYED? YEARS DATES: FROM: TO:  
WHAT DEPARTMENT? WHAT POSITION?

**SKILLS INVENTORY**

Identify below any equipment, machines, tools, computers, computer software, etc, which you can operate or use with proficiency and special skills, licenses, or certifications which you possess which relate to the type of work you are applying for:  
Office machines:

Equipment:

Tools (powered or manual):

Special skills/abilities:

Licenses/Certifications:

Special Honors or Awards:

PLEASE READ THE FOLLOWING BEFORE SIGNING THIS APPLICATION:

I represent that my responses set forth in this application are truthful, accurate and complete. Any and all false or inaccurate statements made by me or otherwise during the employment evaluation process shall be grounds for both rejecting my application for employment and, should I be hired by Profile State Line Superstore, LLC (PSLS), termination of my employment.

I authorize representatives of PSLS to contact educational institutions and employers designated in this application for purposes of verification and investigation of my educational and employment background and performance. Such individuals and organizations are authorized to release such information as may be requested by PSLS representatives. I understand that an unsatisfactory reference shall be grounds both for rejecting my application for employment and, should I be hired by PSLS, termination of my employment.

Submission of this application does not entitle me to be interviewed by PSLS. Further, nothing in this application or in the employment evaluation process shall be construed as either an offer of employment or an obligation on the part of PSLS to provide any benefit to me.

This application shall be pending, until withdrawn by me, until PSLS makes a decision on whether or not to hire me or until after submission of this application to PSLS whichever occurs first. If no action is taken on my application within 3 months, I understand that I must reapply to PSLS in order to be considered for employment.

All PSLS employees are employees at will, which means that both PSLS and its employees are free to terminate the employment relationship at any time and at the sole discretion of either party. I understand that no PSLS supervisor or other employee has the authority to alter the nature of this employment relationship.

Should I be employed by PSLS, I agree to comply with any and all employment rules and policies of PSLS.

If necessary for employment, I may be required to supply a birth certificate or other proof of authorization to work in the U.S., and have a physical examination and/or drug test.

I HAVE READ AND UNDERSTAND THE ABOVE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME