

Date of Application Position Applied For				
Referral Source: Advertisement Walk-in Web	b Site Job Line Casey's Employee			
Name first mi last	_ Social Security Number/ /			
Address CITY	STATE ZIP CODE			
Telephone Numbers: Day () - Evening (() -			
Are you at least 16 years of age? Yes No 18 years of age? Yes No 21 years of age? Yes No				
Are you able to perform the essential functions of the job for which you applied with or without reasonable accommodations?	Yes No			
Have you ever been employed with Casey's?	Yes No			
If yes, give dates: From To Location(s)				
If your name has changed since you were last employed, please pro	ovide your former name:			
Do you have any relatives currently working for Casey's?	Yes No			
If yes, give name, location and position:				
Are you available to work	Full-time Part-time			
Are you available to work	• Nights Yes No			
Please specify the hours you are available: Weekdays: am/pm to am/pm	• Days Yes No			
Weekends: am/pm to am/pm	• Weekends Yes No			
	• Holidays Yes No			
On what date would you be available to begin work?				
Can you travel if a job requires it?	Yes No			
Have you ever been convicted of a crime other than a routine traffic violation? (Conviction will not necessarily disqualify applicant from employment.) (Applicants in the state of Illinois are not obligated to disclose sealed or esponged records of	Yes No			
If yes, complete the following: Felony Misdeme				
Provide dates and circumstances:				
EDUCATION	<u>N</u>			
Please print name, city & state	Did you graduate? Diploma / Degree			

	Please print name, city & state for each school listed		graduate? e one)	Diploma / Degree
HIGH SCHOOL		YES	NO	
COLLEGE		YES	NO	
OTHER		YES	NO	

SPECIAL SKILLS AND QUALIFICATIONS

ist equipment, machinery, sp	pecial skills and qualifications acquired fr	om past employment experience.		
ist applicable professional o	r technical licenses or certifications relati	ve to the position for which you are applying.		
Start with	EMPLOYMENT EXP			
. Past Employer	Job Title	Employment Dates FROM: TO:		
Address	Supervisor	Wage/Salary START: FINAL:		
	Duties and Responsibilities			
Telephone Numbers () - () -	Reason for Leaving			
Past Employer	Job Title	Employment Dates FROM: TO:		
Address	Supervisor	Wage/Salary START: FINAL:		
	Duties and Responsibilities			
Telephone Numbers () - () -	Reason for Leaving			
Past Employer	Job Title	Employment Dates FROM: TO:		
Address	Supervisor	Wage/Salary START: FINAL:		
	Duties and Responsibilities	Duties and		
Telephone Numbers () - () -	Reason for Leaving			
Past Employer	Job Title	Employment Dates FROM: TO:		
Address	Supervisor	Wage/Salary START: FINAL:		
	Duties and Responsibilities			
Telephone Numbers () -	Reason for Leaving			

(over)

CAREER APPLICATION

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed six months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

I understand that some positions with Casey's require a pre-employment physical, drug test, and comprehensive criminal background screening. If required, you will be informed prior to employment. I also understand that some positions require the examination of driving records prior to employment.

In the event of employment, I understand that I must complete the Employment Eligibility Verification Form I-9 by the end of the first day of employment and present required documentation establishing identity and employment eligibility by the end of the third day of employment.

I understand that if hired by Casey's my employment is **at will** and may be severed by either party at any time with or without cause. I understand that neither this document nor an offer of employment from Casey's constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

Applicant's Signature D

REFERENCE CHECK

Hiring Manager, be sure to record the following information obtained from the reference call.

11-11-11-11-11-11-11-11-11-11-11-11-11-			
1. Compa	ny Contacted	Person Contacted	Date of Contact
Dates of From:	of Employment To:	Position Held	Wage / Salary
Would y	vou rehire? Yes N	O	
Reason	for leaving:		
Referen	ce check performed by		Title
	,		
2. Compa	nny Contacted	Person Contacted	Date of Contact
Dates of From:	of Employment To:	Position Held	Wage / Salary
	you rehire? Yes N		
Reason	for leaving:		
Referen	ce check performed by		Title
3. Compa	ny Contacted	Person Contacted	Date of Contact
Dates of From:	of Employment To:	Position Held	Wage / Salary
Would y	you rehire? Yes N	o	
Reason	for leaving:		
			TP34-