



**THE HYDE GROUP**  
 P.O. BOX 2506  
 PEACHTREE CITY, GA 30269  
 (770) 487-9997



**APPLICATION FOR EMPLOYMENT**

READ THIS ENTIRE DOCUMENT PRIOR TO COMPLETING THIS APPLICATION

Your first assignment as a potential employee of this company is to complete this form thoroughly and accurately. Only those applications so submitted will be given consideration. Fill in EVERY blank. If an item is not applicable, simply write in NA (not applicable) or state NONE. If you are unsure of dates, you may estimate. If you need more room to explain something, feel free to attach a separate sheet of paper; in addition, you may wish to attach a resume if you feel this would be helpful.

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

NAME FIRST MIDDLE LAST				DATE OF BIRTH (IF UNDER 21)
STREET ADDRESS (NO P.O. BOXES)				PRIMARY PHONE ( )
				OTHER PHONE ( )
CITY	COUNTY	STATE	ZIP	

I am interested in: Part Time  Full Time

When would you be able to start? \_\_\_\_\_

**IMPORTANT:**

While we try to accommodate our employee's needs, due to the nature of our business, employees may be required to work overtime, at night, on weekends and holidays, sometimes with short notice. In addition, all locations are open 24/7/365. Therefore, we ask that all employees be able to work in the evening at least twice per week for full time or once per week for part time. Employees can pick their evening shift to be either 3pm-12midnight or 12midnight-9am.

**Can you meet this requirement?** \_\_\_\_\_

Which days/times are you <b>NOT</b> available?						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Shifts Available:		
7am-4pm <input type="checkbox"/>	10am-7pm <input type="checkbox"/>	3pm-12mid <input type="checkbox"/>
8am-5pm <input type="checkbox"/>	11am-8pm <input type="checkbox"/>	12mid-9am <input type="checkbox"/>

Do you have reliable transportation? \_\_\_\_\_

Position Desired \_\_\_\_\_ Salary Desired \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

EDUCATION	SCHOOL NAME & ADDRESS	DEGREE/DIPLOMA (Y/N)	NO. YRS ATTENDED
HIGH SCHOOL:			
OTHER:			

NOTE: Convictions are not necessarily a bar to employment; however, deception as to their existence or falsification of their exact nature will result in denial of employment. In considering your conviction record, factors such as the time of offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

Have you ever been convicted of an offense other than speeding? \_\_\_\_\_ Have you ever been placed on probation? \_\_\_\_\_

If Yes, explain: \_\_\_\_\_

Have you ever stolen from your employer? \_\_\_\_\_ If Yes, explain: \_\_\_\_\_

Are you legally permitted to work in the United States and prepared to show proof? \_\_\_\_\_

Are you opposed to the sale of alcoholic beverages? \_\_\_\_\_

Have you ever worked in a position which required you to sell or serve alcoholic beverages? \_\_\_\_\_

While physical disabilities are not necessarily a bar to employment, due to the nature of some jobs, you will be required to spend extended periods of time on your feet and perform such tasks as mopping floors, stooping, bending, lifting loads up to 50 pounds and standing for long periods of time. Please list any physical limitations that might interfere with your ability to perform such tasks.

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

# EMPLOYMENT HISTORY

BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYER AND WORK BACKWARDS

COMPANY NAME:	Tel: (    )	EMPLOYED
ADDRESS:		FROM:                      TO:
		TITLE:
SUPERVISOR:		ADDITIONAL RESPONSIBILITIES:
REASON FOR LEAVING:		

COMPANY NAME:	Tel: (    )	EMPLOYED
ADDRESS:		FROM:                      TO:
		TITLE:
SUPERVISOR:		ADDITIONAL RESPONSIBILITIES:
REASON FOR LEAVING:		

COMPANY NAME:	Tel: (    )	EMPLOYED
ADDRESS:		FROM:                      TO:
		TITLE:
SUPERVISOR:		ADDITIONAL RESPONSIBILITIES:
REASON FOR LEAVING:		

Please list all other relevant training and convenience store experience here (registers, lottery, progression in positions, etc.)

REFERENCES: List below three persons who know you well (i.e. business associates, college professors, teachers, etc.). Do not list relatives.				
NAME	TITLE	ADDRESS	TELEPHONE	YRS. KNOWN

## APPLICANT'S STATEMENT

PLEASE READ CAREFULLY BEFORE SIGNING. IF YOU DO NOT UNDERSTAND THE MEANING OF ANY WORD, PHRASE, OR SENTENCE, DO NOT SIGN.

I certify that the information I have provided to the foregoing questions is true and correct, and that no attempt has been made to conceal pertinent information. I authorize my former employers, schools and personal references to provide information they may have regarding me, whether or not it is on their records. I hereby release them from all liability for divulging same. I understand that all statements made by me are subject to investigation by the Company, and that if any information given by me in this application is perceived to be false or misleading, I will be subject to dismissal at any time of employment and I agree to hold The Hyde Group blameless in that event. If employment is obtained under this application, I will comply with all rules and regulations of the Company.

I agree that any offer of employment, and acceptance thereof, does not constitute a binding contract of any length, and I understand that my employment and compensation can be terminated with or without notice at the will of either myself of the Company. Further, that retention in employment for any length of time shall not result in any heightened expectations of permanent employment. I understand that the Company will attempt to keep me advised of matters upon the contents of such employee handbook or other generally provided employee information. Further, I understand that the Company will not be bound by any oral statement regarding duration of employment or reasons for separation, and that the policies can be changed only by a written agreement signed by the president of The Hyde Group.

I understand that if my work performance is perceived by Company management to be substandard in any manner, at it's discretion, management may, or may not choose to provide verbal or written warnings to encourage me to improve my performance, and I hereby waive all expectations of such warning prior to termination. I specifically understand that very close attention will be given to my ability to precisely account for cash, inventory and other company assets entrusted to my care and further, that the natural and probable consequences of failure to precisely account for such cash, inventory or other asset on a daily basis, may be termination of my employment and compensation without benefit of prior verbal or written warnings or counseling.

I understand that the filing of the application in no way obligates the Company to hire me or to disclose to me any reason for declining to hire me.

They Hyde Group is an equal opportunity employer, and does not discriminate in employment; no question on this applications is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for a period not to exceed 90 days. At the conclusion of this time, if I have not heard from the Company and still wish to be considered for employment, it will be necessary for me to fill out a new application.

My signature below certifies that I have read and understand and agree with the contents of the statements above and that I adopt the contents of the statement as though the provisions had been my own.

**AN EQUAL OPPORTUNITY EMPLOYER**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_