

EDUCATIONAL BACKGROUND

Do not answer any questions in this section unless the box is checked, indicating an educational requirement for the position for which you are applying.

| Education | Name and Location of School | Course of Study | No. of Years Completed | Did You Graduate? | Degree |
|-------------|-----------------------------|-----------------|------------------------|-------------------|--------|
| High School | | | | | |
| College | | | | | |
| Other | | | | | |

Have you ever been convicted of a felony or misdemeanor? (circle one) Y N

If Yes, describe: _____

The attached job description sets forth specific job duties for the position for which you are applying. Can you perform the listed duties, with or without accommodation? (Applicants will not necessarily be disqualified if they are unable to perform a particular job duty.) Yes No (circle one)
 If the answer to the above question is NO, please identify the duties which you are unable to perform: _____

To Applicant: The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals as well as discrimination on the basis of physical or mental disability. The law of most States also prohibits some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry or marital status.

PLEASE READ BEFORE SIGNING

I give permission to investigate my credit record, criminal background, and to communicate with all or any of my previous employers and/or references for full information. I hereby indemnify the Company from any liability arising out of such inquiry. I also agree to physical and medical examinations at any time at the option of the Company, and I agree that the examining physician may disclose to the Company or its representatives the results of such examination. At request of the Company, I agree to provide transcripts from educational institutions attended, and to submit to any further testing required for employment or advancement with the Company. All the foregoing information I have supplied is a full and complete statement of the facts, and it is understood that if any falsification be discovered, it will be grounds for dismissal.

I acknowledge that, if employed, my employment is for no fixed period of time. This application or offer of employment is not binding on the Company in any way and is not to be construed as a contract. Employment, benefits, and/or compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or Myself. No representative of the Company, other than its President, has the authority to enter into agreement for employment of any specified period of time, or to make any agreement contrary to the foregoing.

I understand that the Company does have a drug-free workplace and a drug and/or alcohol testing program consistent with applicable federal, state, and local law. If I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE

| | |
|--|--------------------------------------|
| Position engaged for: _____ | Date of Birth: _____ |
| Date to Start: _____ | Marital Status: _____ |
| Rate of Pay: _____ | Sex: Male _____ Female _____ |
| Race: White _____ Black _____ Asian _____ | Hispanic _____ American Indian _____ |
| Location _____ | Engaged by _____ |
| Status: Full Time _____ Part Time: _____ | |



CRIMINAL BACKGROUND & DRIVERS' LICENSE CHECK CONSENT FORM

Pump n Pantry, Inc. requires pre-employment and periodic criminal background checks for all full-time and part-time employees.

EMPLOYEE / APPLICANT INFORMATION

Status: Employee: Applicant:

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: ____/____/____ Social Security No.: _____ Drivers' License No.: _____
Month Day Year

If you may be known by another name (i.e., pre-marriage, alias) please indicate: YES ___ NO ___

If so, when was the last year you used this name? _____

Other Last Name: _____ Other First Name: _____ Other Middle Initial: _____

I certify that the information provided above is true and complete. I understand that false or misleading information given in my employment application, interview(s), or on this form will render my application void and will be just cause for termination in the event of my employment assignment. I authorize Pump n Pantry, Inc. to make a criminal background investigation in arriving at a decision regarding my employment or continuation of employment. I further authorize the Pennsylvania State Police to release criminal background information as part of the criminal background investigation and the Pennsylvania Department of Transportation to release driving records as part of the drivers' license check.

Signature: _____ Date: _____

DUTY EVALUATION

Daily Requirements

| Requirement | Frequently | Occasionally | Seldom |
|---------------------|-------------------|---------------------|---------------|
| Stand | X | | |
| WALK | X | | |
| REACH | X | | |
| BEND | X | | |
| SQUAT | | X | |
| CLIMB | | X | |
| CRAWL | | | X |
| LIFT: (lbs) | | | |
| 0-10 | X | | |
| 11-20 | X | | |
| 21-50 | | X | |
| CARRY: (lbs) | | | |
| 0-10 | X | | |
| 11-20 | X | | |
| 21-50 | | X | |
| HANDS: | | | |
| GRASP | X | | |
| PUSH/PULL | X | | |

I have read the above duty evaluation and understand the requirements.

Applicant's Signature

Date