



Outagamie Co-op Services, Inc.

Corporate Address:
3011 West Wisconsin Ave.
Appleton, WI 54914
Phone: (920) 739-8411
Fax: (920) 739-1373
www.ocscoop.com

EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER

Outagamie Co-op Services, Inc. (here in after OCS), does not discriminate on the basis of race, sex, color, religion, national origin, sexual orientation, age, disability, veteran status, or any other factors made unlawful under applicable federal and state laws. All personnel decisions are made without prejudice or discrimination, in accordance with the principles of equal opportunity.



Check Location(s) Applying To: APPLETON [ ] GREENVILLE [ ] FREMONT [ ] BEAR CREEK [ ]
PLAINFIELD [ ] FRANCIS CREEK [ ] WEYAUWEGA [ ] COLOMA [ ]

HOW TO COMPLETE THIS APPLICATION

- 1. Use a blue or black pen. Print neatly, so your answers are easy to read. If you need more space, attach an additional sheet of paper.
2. Answer all of the questions completely. If you do not understand a question, ask the manager to explain it. You are not required to give information in response to a question that is prohibited by law.
3. If you have questions about job duties or career opportunities with OCS, ask the manager.
4. Carefully read the information on the application. Once you have answered the questions and read all the information, sign and date the application.

PERSONAL INFORMATION - PLEASE PRINT CLEARLY THE FOLLOWING INFORMATION

Name (First, Middle, Last) Today's Date
Phone Number Home ( ) - Cell ( ) - Email
Street Address City, State, Zip Code
How long have you lived at your current address? Which position(s) are you applying for? Are you related to any OCS employees? Who?
Are you 16 years or older? (SUBWAY Restrictions) [ ] Yes [ ] No
Are you under the age of 18? (CITGO Restrictions) [ ] Yes [ ] No
Do you have a current valid driver's license? [ ] Yes [ ] No
If no, do you have reliable transportation to work? [ ] Yes [ ] No
Can you, upon employment, submit verification of your legal right to work in the U.S.? [ ] Yes [ ] No
Are you able to work in a non-tobacco use environment? [ ] Yes [ ] No
Have you ever been counseled or disciplined for being late or absent from work or school? [ ] Yes [ ] No
Will you undergo a drug screen if required? [ ] Yes [ ] No
The U.S. Secretary of Health and Human Services has determined that certain diseases, including hepatitis A, salmonella, shigella, staphylococcus, streptococcus, giardia, and campylobacter, may prevent you from serving good food or handling food equipment in a sanitary or healthy fashion. An essential function of this job involves serving food or handling food equipment in a sanitary and healthy fashion. Can you, with or without reasonable accommodation, perform this essential function of this job? [ ] Yes [ ] No
Have you ever been convicted of a felony, a crime involving dishonesty, a crime involving violence to another person or a alcohol related violation? [ ] Yes [ ] No
If yes, please describe, including dates charged, penalties, and current disposition.
Note: Convictions may not be an automatic disqualification from employment.

AVAILABILITY - Please check (✓) the shifts you are available to work (hours may vary slightly) OR fill in "From - To"

Table with columns: Morning (5a-2p), Afternoon (10a-6p), Evening (2p-10p), Overnight (10p-6a), From:, To:, Comments:
Rows: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday

How did you learn of this opportunity? [ ] Walk-in [ ] Employee Referral (please list name: ) [ ] Other:
Have you ever worked at OCS before? [ ] Yes [ ] No If yes, dates and location:
Are you willing to work evenings, weekends and holidays (as needed)? [ ] Yes [ ] No Approximate quantity of hours per week desired:
Are you willing to work part-time? [ ] Yes [ ] No Date you can start: \$ Wage desired

**PLEASE LIST THREE MOST RECENT JOBS (Start with most recent or current job)**

Company:		Position:	
Dates: from ____ / ____ / ____ to ____ / ____ / ____		Supervisor:	
City:		Phone:	
Last Rate of Pay:	Hours worked per week:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible for Re-Hire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving: <input type="checkbox"/> Resigned with Notice <input type="checkbox"/> Resigned without Notice <input type="checkbox"/> Terminated    Comment:			
Company:		Position:	
Dates: from ____ / ____ / ____ to ____ / ____ / ____		Supervisor:	
City:		Phone:	
Last Rate of Pay:	Hours worked per week:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible for Re-Hire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving: <input type="checkbox"/> Resigned with Notice <input type="checkbox"/> Resigned without Notice <input type="checkbox"/> Terminated    Comment:			
Company:		Position:	
Dates: from ____ / ____ / ____ to ____ / ____ / ____		Supervisor:	
City:		Phone:	
Last Rate of Pay:	Hours worked per week:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible for Re-Hire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving: <input type="checkbox"/> Resigned with Notice <input type="checkbox"/> Resigned without Notice <input type="checkbox"/> Terminated    Comment:			

**EDUCATION**

School Name & Location	Did you Graduate	GPA	Major/Degree & Estimated Completion?
High School:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trade or Business School:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**DO YOU HAVE EXPERIENCE IN THE FOLLOWING?**

Customer Service <input type="checkbox"/> Yes <input type="checkbox"/> No	Food Service <input type="checkbox"/> Yes <input type="checkbox"/> No	Lottery Transactions <input type="checkbox"/> Yes <input type="checkbox"/> No
Register/Computer <input type="checkbox"/> Yes <input type="checkbox"/> No	Trendar <input type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol/Tobacco Sales <input type="checkbox"/> Yes <input type="checkbox"/> No
Cash Drops/Handling <input type="checkbox"/> Yes <input type="checkbox"/> No	Fuel Dispensers <input type="checkbox"/> Yes <input type="checkbox"/> No	Valid Operator's License? <input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card Transactions <input type="checkbox"/> Yes <input type="checkbox"/> No	Propane Dispensing <input type="checkbox"/> Yes <input type="checkbox"/> No	City: _____

**REFERENCES (2 Professional, 1 Personal)**

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

**APPLICANT'S STATEMENTS**

**READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID.**

- The information I am presenting in this application is complete, true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omissions could result in the denial of my application, withdrawal of any offer of employment, or immediate discharge.
- I understand that in connection with the application process, OCS and its representatives may contact my former employers, educational institutions, conduct a background check, may contact references, and other relevant third parties to obtain additional information related to the information given by me in this application. I hereby request, release, and consent to the release and disclosure of such information. I further release and hold harmless OCS, and affiliates, their officers, employees and agents, and any other parties inquiring about, investigating, furnishing, communicating, reviewing, or evaluating such information from any and all potential claims, demands, damages, liabilities, and/or actions of any kind arising from such activities, whether known or unknown to me presently, that I may have, now or in the future.
- If employed, I agree to conform to the rules and regulations of OCS and any of its operation franchises and understand that I will be an employee at-will, and my employment may be terminated at any time by me or OCS, with or without notice, for any reason. I understand that only an Officer of OCS has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, and it must be in writing and signed.

APPLICANT'S SIGNATURE

DATE