This is a

DRUG-FREE

Workplace

All applicants will be tested.

Buffalo Services, Inc. B-Kwik This is a Drug Free Work Place.

Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name:	Date:		
Position(s) applied for or type of work	desired:		
Street Address/PO Box:	City:	State:	_Zip:
Telephone #:	Social Security #:		
Type of employment desired:	full-time part-	time	temporary
Date you will be available to start work	::		
Are you able to meet the attendance rec	nuirements?	Yes	No
Do you have any objection to working	Yes		
Are you able to work any and all shifts'	Yes	No	
Can you travel if required by this position?		Yes	No
Have you ever been previously employ	Yes	No	
Can you submit proof of legal employn	Yes		
If you are under 18, can you furnish a work permit if it is required?		Yes	
Have you ever been convicted of a crin		No	
If yes, please explain (a conviction will	not automatically bar employm	ent):	
Have you served in the armed forces? If yes, what branch? Period of active d	uty? Rank at discharge?	Yes	
Driver's license/ID number:		Date of Birth_	
Please list name of any relative employ	red with Buffalo Services, Inc., I	B-Kwik Stores.	
How were you referred to us?			

Employment HistoryPlease provide all employment information for your past employers starting with **the most recent**. You may use the back if necessary.

Employer:		Position held:				
		Telephone #:				
Immediate supervisor and title:						
Dates employed: from	to	Salary:				
Job summary:						
Reason for leaving:						
		Position held:				
Address:		Telephone #:				
Immediate supervisor and title:						
Dates employed: from	to	Salary:				
Job summary:						
Reason for leaving:						
		Position held:				
Address:		Telephone #:				
Immediate supervisor and title:		Telephone #:				
Dates employed: from	to	Salary:				
Ioh summary:	***	Suitary.				
Reason for leaving:						
		Position held:				
Address:		Telephone #:				
Immediate supervisor and title:						
Dates employed: from	to	Salary:				
Job summary:						
Reason for leaving:						
Other Skills and Qualificat						
Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:						
Educational History						
•	aamnlatad a	ourse of study, and any degrees earned:				
High school:						
College: Technical Training:						
Other:						
References						
	numbers, and y	years known (do not include relatives or employers):				

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. This includes background checks. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature:	 Date:	