

MinitMan Food Stores

Fast, Friendly, Clean



EMPLOYEE BENEFIT PROGRAMS

We offer a variety of programs to benefit employees and their dependents.

A Blue Cross Blue Shield Medical Plan is available to all full-time employees meeting the eligibility requirements.

Dental and Vision Insurance is available to all employees working 30 or more hours per week. Other requirements may apply.

A Retirement Savings Plan (also called a 401(k) plan) is open to all employees who meet the eligibility requirements.

Vacation Benefits are provided to all full-time employees after one year of service.

Voluntary Life Insurance is available to all employees working 30 or more hours per week. Other requirements may apply.

Other Supplemental Insurance Policies are available to all employees who meet the eligibility requirements.

Apply Today!

Albertville

Athens

Birmingham

Guntersville

Huntsville

Madison

We invite you to come and visit any of our locations. After we review your completed application, we'll call you if we have a position available that may fit your qualifications.

What we offer:

- Full-time or Part-time Opportunities
- Flexible Hours & Work Schedules
- On-the-Job Training
- Advancement Opportunities
- Great Working Conditions
- Competitive Wages & Benefits

The Spencer Companies Incorporated
MinitMan Food Stores

P.O. Box 18128
Huntsville, AL 35804

Phone: 256-535-2918
Fax: 256-539-8778

Phone (Birmingham): 205-714-3065
Fax (Birmingham): 205-714-8180

Web site: www.spencercos.com



The Spencer Companies
INCORPORATED



Store # _____



The Spencer Companies Incorporated
MinitMan Food Stores
P.O. Box 18128
Huntsville, AL 35804
Phone: 256-535-2918
Fax: 256-539-8778

DISCLOSURE AND AUTHORIZATION TO RELEASE INFORMATION

I understand that in connection with my application for employment (or promotion), a consumer report may be requested. This report may contain information as to my character, general reputation, personal characteristics or mode of living.

I hereby authorize and request any former employer, school, law enforcement agency, financial institution or other persons having personal knowledge about me to furnish The Spencer Companies Incorporated or its agent with any and all information in their possession regarding me, in connection with an application for employment.

I understand and offer my consent for The Spencer Companies Incorporated or its agent to inquire into and/or obtain any records such as previous employment, references, educational, motor vehicle records, workers compensation, credit and criminal histories.

I acknowledge that a photocopy or fax of this authorization be accepted with the same authority as the original. According to the Fair Credit Reporting act, I am entitled to know if employment is denied because of information obtained from the Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source, which provided the information.

I understand that my consent will apply throughout my employment, to the extent permitted by law. I have read and understand this disclosure and consent form.

Signature of Applicant

Date

Applicant Full Name (please print)

Please print other names you have used

The following is for identification purposes (to perform the background check and will not be used for any other purpose)

Drivers License #/State Issued: _____

Social Security Number: _____

Date of Birth

Current Address City/State Zip Code County Length at address

Former Address City/State Zip Code County Length at address

Former Address City/State Zip Code County Length at address

Former Address City/State Zip Code County Length at address

NOTE: WE NEED ALL ADDRESSES FOR THE PAST SEVEN YEARS.

EMPLOYMENT APPLICATION

You must complete all sections of this application using black or blue INK. It is the policy and practice of The Spencer Companies Incorporated to provide equal employment opportunity to all qualified applicants without regard to race, color, religion, creed, gender, age, national origin, veteran status, disability or any other criteria deemed unlawful under any applicable laws.

PERSONAL DATA

PERSONAL DATA							
Last Name:		First		Middle		Social Security #	
Present Street Address:						Home Telephone # ()	
Present City, State, Zip:						How long at your present address	
The position you are applying for is:						Pay expected \$	
Are you under the age of 21? <input type="checkbox"/> No <input type="checkbox"/> Yes, Indicate date of birth:						Date you are available to start work	
Stocking shelves, general cleaning and lifting/carrying items (up to 50 pounds) may be required in the course of employment. Can you perform these duties? <input type="checkbox"/> No <input type="checkbox"/> Yes						Are you willing to work overtime? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Are you known by any other name(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes, list the name(s) by which you are or were known and when:						Are you legally entitled to work in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Do you have a valid driver's license? <input type="checkbox"/> No <input type="checkbox"/> Yes, in what state: What is your License #?						Do you have a reliable method of transportation? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Do you have relatives that work for the Company? <input type="checkbox"/> No <input type="checkbox"/> Yes, list their name(s), their relationship to you and where they work:							
Have you ever worked at any business unit operated by The Spencer Companies before? <input type="checkbox"/> No <input type="checkbox"/> Yes, where, when and what job did you hold? <i>Note: The Spencer Companies operates or has operated several business units under various trade names including MinitMan, Pantry Express, Thrasher Oil Company, and Tomco.</i>							
Have you ever been convicted of or pled guilty or "no contest" to a felony or misdemeanor other than a minor traffic offense? <input type="checkbox"/> No <input type="checkbox"/> Yes, list the date, city, state, charge and disposition below. <i>Pleading guilty or "no contest" or being convicted of a felony or misdemeanor will not automatically disqualify you from employment consideration.</i>							
In the section below, please indicate the days and hours that you are available for work. <i>This does not constitute an agreement for a work schedule as hours are determined by business need.</i>							
Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							
EDUCATION							
School	Name and Location of School		Course of Study		No. of Years Completed	Did you Graduate?	Degree or Diploma?
College						<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other						<input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY SERVICE

Did you serve in the U.S. Armed Forces? No Yes, in what Branch?

From:

To:

EMPLOYMENT HISTORY

List all employment starting with the most recent job first. Attach an additional sheet, if needed. Explain fully any gaps in your employment history. Be sure to account for all periods of time including military service and any period of unemployment.

1	From:	To:	Present or most recent employer:	Telephone # ()	
	Address:			Starting Pay:	Final Pay:
	Name and position of supervisor:			Your job title:	
	Reason for leaving:				

2	From:	To:	Former employer:	Telephone # ()	
	Address:			Starting Pay:	Final Pay:
	Name and position of supervisor:			Your job title:	
	Reason for leaving:				

3	From:	To:	Former employer:	Telephone # ()	
	Address:			Starting Pay:	Final Pay:
	Name and position of supervisor:			Your job title:	
	Reason for leaving:				

May we contact all the employers shown? Yes No, list which one(s) and explain:

Have you ever been involuntarily terminated, asked to resign or resigned in lieu of termination? No Yes, explain below:

CERTIFICATION

I certify that the information provided by me on this application along with all other information I have provided is true and complete. I understand that if, in the Company's judgment, I have made false or misleading statements or omissions, any offer of employment may be withdrawn or my employment with the Company may be terminated immediately. I understand that the Company may contact persons and previous employers identified on this application and I authorize those persons and employers to disclose any pertinent information to the Company. I release said Company to provide truthful information concerning my employment with it to any prospective employers and I agree to hold the Company harmless for providing such information.

I understand that if I am employed with the Company, my employment is "at-will". My employment may be discontinued by me or by the Company at any time, with or without notice. I understand that no one other than the President of the Company has the authority to enter into any contract of employment with me for any particular term. No handbooks, benefit booklets or other forms of communication shall create a contract of employment for any particular term. I further understand that the Company may require me to submit to a drug test or post-offer/pre-employment medical examination as a condition of employment. I have read and understand the foregoing.

Signature of Applicant: _____

Date: _____