

By signing this application for employment, I certify that I have read and understand all parts of it and certify that I have truthfully and completely answered all questions. I understand that falsification of any of the information given herein or on any other employment form is grounds for immediate termination, regardless of when such falsification may be discovered.

I authorize I-90 Fuel Services, Inc. and its representatives to investigate my education and employment experience and all other aspects of my background relevant to my proposed employment, including all statements made by me in my application for employment. I understand I-90 Fuel Services, Inc. may contact the appropriate credit bureau to obtain an investigative consumer report providing information about my character. I also release I-90 Fuel Services, Inc. and its representatives, as well as any person to whom such inquiry is directed, from any liability arising directly from any such investigations.

I understand my employment with I-90 Fuel Services, Inc. is for no definite length of time.

I understand my employment may be terminated at any time, with or without cause, at the option of either I-90 Fuel Services, Inc. or myself. I understand that no associate or representative of I-90 Fuel Services, Inc. has any authority to make any agreement which is contrary to the foregoing.

If accepted for employment, I agree to comply with all company policies and procedures, and with all rules and regulations made known at the time of employment or any other time thereafter, and to perform all duties assigned to me to the best of my ability.

Drug-Free Work Environment

When there is a job offer pending, I-90 Fuel Services will require a controlled substance test to be performed. Applicant will not be allowed to report for duty until a negative controlled substance test is verified. I-90 Fuel Services will pay for pre-employment, random, post accident and reasonable suspicion drug and alcohol testing.

This is a brief overview of the I-90 Fuel Services Drug Testing policy. More complete information is available upon request and is also provided in the employee handbook.

Applicant's Signature

Date

All I-90 Fuel Services, Inc. associates must be able to perform the following essential functions with or without reasonable accommodation. I-90 Fuel Services, Inc. is an equal opportunity employer with every intention of making reasonable accommodation to the handicapped in accordance with the American Disabilities Act (ADA).

These factors constitute essential functions for any associate of an I-90 Fuel Services, Inc. store (this is not a job description).

- Be able to read, understand and write the English language at the eighth grade level.
- Be able to perform mathematical calculations at the eighth grade level in order to be able to make change, complete shift reports, and account for numbers of a variety of products during vendor check-in.
- Have sufficient visual acuity to check identifications.
- Be able to read and understand instructions for operating electronic cash registers and other equipment.
- Be able to lift up to 60 pounds, carrying cases of milk cartons and soft drinks, beer and juice containers, etc., up to four hours per shift.
- Be able to stock shelves and coolers, top to bottom and front to back.
- Be able to tolerate exposure to gasoline fumes and cleaning products.
- Be able to climb a ladder to clean windows.
- Be able to speak and understand English, including the ability to hear the spoken word.
- Be able to sweep and mop floors, shovel snow, dust shelves, and lift and carry out trash containers and place in an outside bin.
- Be able to clean the parking lot and grounds surrounding the convenience store.
- Be able to enter and work in a cooler at a temperature of 34 degrees up to 60 minutes at a time.
- Be able to work each and every scheduled day and work the full shift.
- Be able to stand for a long time, up to 10 hours a shift if necessary.
- Be able to use the computer for training purposes.
- Be able to bend at the knees repetitiously (20-30 times a day) and be able to walk briskly.

DISCLAIMER: The list of essential functions is not exhaustive but is merely the most currently accurate list. I-90 Fuel Services, Inc. reserves the right to revise this list without notice.

Are you able, with reasonable accommodation if necessary, to perform all the essential job functions? Yes No
If no, please describe the functions of the job you cannot perform.

Applicant's Signature

Date

Applicants will not necessarily be disqualified if they are unable to perform a specific function.

FORM #100 9-99



I-90 FUEL SERVICES, INC.
823 East 14th Street, P.O. Box 1025
Sioux Falls, SD 57101
Ph: 605-336-2288



I-90 Fuel Services, Inc. is an equal opportunity employer. All applicants for employment will be considered without regard to race, color, religion, sex, national origin, disability, or age.

Name _____

Street Address _____

City _____

State _____ Zip _____

SS# _____

Telephone # _____

Date _____

Have you ever worked for I-90 Fuel Services, Inc. before?

Yes No

What position are you applying for?

Manager Shift Supervisor

FT Associate PT Associate

Desired wage/salary: _____

How many hours do you want to work? _____

Are you willing to work:

Nights Yes No

Weekends Yes No

Holidays Yes No

Are you at least 18 years old? _____

Have you ever been convicted of a felony?

Yes No

High school graduate?

Yes No

RETURN THIS APPLICATION TO ANY LOCATION OR MAIL TO:



I-90 FUEL SERVICES, INC.
823 East 14th Street, P.O. Box 1025
Sioux Falls, SD 57101
Ph: 605-336-2288

Name of Present or Last Employer		Type of Business	Address		City	State
Starting Date MM/YY	Leaving Date MM/YY	Job Title	Name of Supervisor	Starting Salary/Ending Salary	Phone Number	
Type of Job		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Job Description/Responsibilities		
Explain reasons/circumstances for leaving						
If we contact this employer, would you expect them to say they would re-hire you for the last position you held there? <input type="checkbox"/> Yes <input type="checkbox"/> No If this is your current employer, may we contact them for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Name of Present or Last Employer		Type of Business	Address		City	State
Starting Date MM/YY	Leaving Date MM/YY	Job Title	Name of Supervisor	Starting Salary/Ending Salary	Phone Number	
Type of Job		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Job Description/Responsibilities		
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