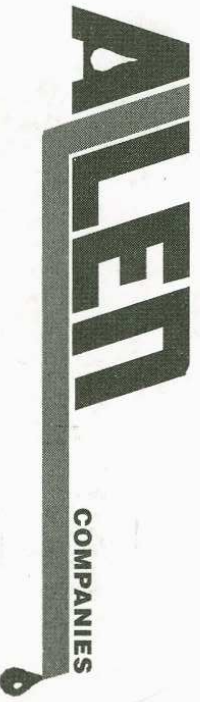


Come Join A Growing Team



Allen Oil Company Quik Pick Application

Allen Oil Company Mini Application

Last Name	First Name	Middle Name	Phone No. _____
			Phone No. _____
Present Address (Include City, County, State & Zip Code)			Best Time to Contact _____

Have you ever applied for Employment at S-N-F?

Yes No

Are you willing to work any shift or hours assigned by your supervisor?

Yes No

Are you over minimum age for selling alcoholic beverages in this State?

Yes No

Please list present or last employer

Company Name _____	Telephone # _____
Address _____	Employment Month & Year
	From _____ To _____
Position Held _____	Salary
	Start _____ Final _____

This is not a full application, only a mini app. that will be used for call back information. This application will remain active for 30 days from today's date.

Signature of Applicant _____

Date _____