



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET

CITY STATE ZIP PHONE NUMBER

ARE YOU 18 YEARS OR OLDER? YES NO IF NO, HOW OLD ARE YOU? _____ & YOUR BIRTHDATE _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO IF YES, PLEASE EXPLAIN ALL OFFENSES AND FINAL DISPOSITIONS: _____

EMPLOYMENT DESIRED

REFERRED BY

POSITION _____ DATE YOU CAN START? _____

GREETER/CASHIER ARE YOU PRESENTLY EMPLOYED? _____

PRODUCTION HAVE YOU EVER APPLIED HERE BEFORE? _____ WHEN? _____

LUBE TECHNICIAN SALARY DESIRED _____

DETAILER ARE YOU INTERESTED IN (CHECK ALL THAT APPLY):

TEAM LEADER PART-TIME: # OF HOURS/WEEK _____ FULL-TIME TEMPORARY SEASONAL

DAYS AND HOURS AVAILABLE	DAY	SUN	MON	TUES	WED	THURS	FRI	SAT
	FROM							
	TO							

SPECIAL SKILLS OR PREVIOUS EXPERIENCES THAT WOULD BE PERTINENT TO YOUR HIRING. _____

DRIVING SKILLS

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO IF YES, LICENSE NUMBER _____

CAN YOU DRIVE: MANUAL TRANSMISSION? YES NO AUTOMATIC TRANSMISSION? YES NO

IN THE PAST THREE (3) YEARS, DO YOU HAVE ANY ACCIDENTS OR TRAFFIC VIOLATIONS? YES NO

IF YES, EXPLAIN _____

EDUCATION	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

FORMER EMPLOYERS Start with most recent	NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
			SUPERVISOR	
FROM		STARTING	POSITION	
TO		FINAL	SUPERVISOR	
FROM		STARTING	POSITION	
TO		FINAL	SUPERVISOR	
FROM		STARTING	POSITION	
TO		FINAL	SUPERVISOR	

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. I AUTHORIZE THE COMPANY TO CONTACT MY FORMER EMPLOYERS FOR REFERENCE PURPOSES.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS AS SET FORTH IN THE COMPANY'S EMPLOYEE HANDBOOK, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED IF THE EMPLOYEE IS UNDER 18 YEARS OF AGE.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

EMPLOYEE SIGNATURE _____ DATE _____

DO NOT WRITE BELOW THIS LINE!

October 2008

INTERVIEWED BY _____ DATE _____

REMARKS _____

NEATNESS _____

HIRED YES NO POSITION _____ DEPARTMENT _____

SALARY/WAGE _____ STARTING DATE _____

APPROVED: 1. _____ 2. _____ 3. _____
ASSISTANT SITE MANAGER SITE MANAGER DIRECTOR OF OPERATIONS