



Application for Employment

ATTENTION: WE ARE A DRUG FREE WORKPLACE. ALL EMPLOYEES ARE SUBJECT TO DRUG & ALCOHOL TESTING AS PERMITTED BY UNDER FEDERAL & STATE LAW.

PERSONAL INFORMATION

NAME (LAST) _____ FIRST _____ MIDDLE _____

DATE OF BIRTH _____ DRIVERS LICENSE # _____

MAILING ADDRESS _____ APT _____

CITY _____ STATE _____ ZIP _____

CONTACT INFORMATION

HOME PHONE (_____) _____ - _____ MOBILE (_____) _____ - _____

EMAIL (PLEASE PRINT CLEARLY) _____

REFERRED BY _____

DESIRED POSTION CASHIER MAINTENCE FUEL DESK OPERATOR

AVAILABLE START DATE _____ DESIRED PAY _____ SALARY HOURLY

CAN YOU WORK ? 1ST SHIFT 2ND SHIFT 3RD SHIFT

HAVE YOU EVER APPLIED WITH THE COMPANY BEFORE? _____ WHEN? _____

EDUCATION

	NAME & LOCATION	GRADUATE? DEGREE?	MAJOR/SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			
SPECIALIZED TRAINING, TRADE SCHOOL, ETC.			
OTHER EDUCATION OR CERTIFICATES			

PLEASE LIST YOUR AREAS OF HIGHEST PROFICIENCY, SKILLS OR OTHER ITEMS THAT MAY CONTRIBUTE TO YOUR ABILITIES IN PERFORMING THE ABOVE MENTIONED POSITION. _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY, A VIOLENT CRIME, OR RETAIL RELATED CRIME (EX. SHOPLIFTING, CREDIT CARD FRAUD, ETC.) YES NO

IF YES, PLEASE EXPLAIN _____

FORMER EMPLOYERS (LIST THE LAST THREE, STARTING WITH THE MOST RECENT FIRST)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY (HOUR/MONTH)	BUSINESS	REASON FOR LEAVING
TO FROM				
TO FROM				
TO FROM				

WHICH OF THESE JOBS DID YOU LIKE THE BEST? _____

WHAT DID YOU LIKE THE MOST ABOUT IT? _____

REFERENCES GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM HAVE KNOWN YOU FOR AT LEAST ONE YEAR.

	NAME	ADDRESS	PHONE	YEARS AQUAINTED
1.				
2.				
3.				

IN CASE OF AN EMERGENCY NOTIFY _____ PHONE _____

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE & COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED , FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELIEVE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY REGARDLESS OF THE DATE, PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

INTERVIEWED BY _____ DATE _____

NOTES: _____
