



**Employment Application** - An Equal Opportunity Employer

Please Print

\_\_\_\_\_ Date \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Present Address

\_\_\_\_\_ No. & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address (if different from present address)

\_\_\_\_\_ No. & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( ) \_\_\_\_\_ - \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Home Phone \_\_\_\_\_ Social Security Number

**Employment Desired**

Position applying for: \_\_\_\_\_

**Personal Information**

Have you ever applied to or worked for **LUBE PIT STOP, INC.** before? Yes [ ] No [ ]

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for **LUBE PIT STOP, INC.**? Yes [ ] No [ ]

If yes, state name(s) and relationship:

\_\_\_\_\_ Name \_\_\_\_\_ Relationship

Why are you applying for work at **LUBE PIT STOP, INC.**?

\_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? ..... Yes [ ] No [ ]

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) ..... Yes [ ] No [ ]

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? ..... Yes [ ] No [ ]

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? ..... Yes [ ] No [ ]

If no, describe the functions that cannot be performed.

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(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

## Employment Application

### Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?		Degree or Diploma
			Yes	No	
<b>High School</b>	_____ Name _____ Address _____ City _____ State _____ Zip _____	_____	Yes	No	_____
<b>College/ University</b>	_____ Name _____ Address _____ City _____ State _____ Zip _____	_____	Yes	No	_____
<b>Vocational/ Business</b>	_____ Name _____ Address _____ City _____ State _____ Zip _____	_____	Yes	No	_____
<b>Health Care Training</b>	_____ Name _____ Address _____ City _____ State _____ Zip _____	_____	Yes	No	_____

### Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer \_\_\_\_\_ Telephone No. ( ) - \_\_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference? ..... Yes No

Name of Employer \_\_\_\_\_ Telephone No. ( ) - \_\_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Your Position and Duties \_\_\_\_\_



**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize Lube Pit Stop, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Lube Pit Stop, Inc., my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Lube Pit Stop, Inc.. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Lube Pit Stop, Inc., and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Lube Pit Stop, Inc.'s designated representative.

\_\_\_\_\_ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Lube Pit Stop, Inc. unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

\_\_\_\_\_ I waive receipt of a copy of any public record described in the paragraph above.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature