



APPLICATION FOR EMPLOYMENT

(Equal Opportunity Employer)

INSTRUCTIONS: Please fill out **BOTH PAGES** to the best of you ability.

GENERAL INFORMATION

Name

Telephone

Address

Social Security #

Date available for employment

Shift(s) Available

Desired Store Location

Have you ever been employed by Fuel City?

If YES, When and Which Location?

Are you employed now?

If so, where?

May we contact your present employer?

If YES, please give name and contact information

Have you ever been convicted of a felony?

If YES, please explain

Are you a citizen of the United States?

If NO, are you authorized to work in the U.S.?

In compliance with the Federal law, all persons hired will be required to verify their identity and eligibility to work in the United States and to complete the required employment eligibility document form upon hire.

Position Applied For:

Desired Salary?

Can you perform the essential functions of the job(s) for which you are applying?

EDUCATION

High School:

Address:

Diploma:

Date Completed:

College:

Address:

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, disability, sexual orientation, or other protected status in accordance with applicable federal and state equal employment opportunity laws. Title 1 of the Americans with Disabilities Act of 1990 requires an employer to provide reasonable accommodation to qualified individuals with disabilities who are employees or applicants for employment, unless to do so would cause undue hardship.



REFERENCES

List three (3) non-relatives who are familiar with your qualifications, work history, and ability.

Name: Occupation: Years Known: Telephone:

EMPLOYMENT EXPERIENCES

Employer: Supervisor's Name:
Address: Your Job Position:
Telephone: Employed from (Dates): To:
Duties:
Starting Salary: Ending Salary:
Reason for Leaving:

Employer: Supervisor's Name:
Address: Your Job Position:
Telephone: Employed from (Dates): To:
Duties:
Starting Salary: Ending Salary:
Reason for Leaving:

Employer: Supervisor's Name:
Address: Your Job Position:
Telephone: Employed from (Dates): To:
Duties:
Starting Salary: Ending Salary:
Reason for Leaving:

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SUBMITTING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SUBMITTED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SUBMITTING.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. By submitting below, I authorize Fuel City to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character, and qualifications.

If hired, I will be responsible for familiarizing myself with all rules and regulations of Fuel City as they presently exist or are later modified. If hired, I understand my employment can be terminated, at the discretion of Fuel City or at my option, without notice, at any time and for any reason

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

I have read, understand, and agree with the above. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

This application is valid for only ninety (90) days from the date I submit. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.