



Super Lube Employment Application Form

DATE: _____

Name _____
Last First Middle Initial

Present Address _____
Number Street City State Zip Code

Social Security No. _____ - _____ - _____

Home Phone (____) _____ Cell Phone (____) _____

Email Address: _____ (Please Print Clearly)

Date available for work _____ Position applied for _____

Are you eligible to work in the United States? Yes No
Employment desired: Full Time Only Part Time Only
 Full or Part Time

Educational Background:

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Trade School				

Have you ever been convicted of a violation of the law other than a minor traffic violation? Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation. _____

Do you have a valid driver's license? Yes No If yes, list number _____

Do any of your friends or relatives work for Super Lube? Yes No
If yes, list name(s) _____

Please list two references other than relatives.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone (____) _____

Telephone (____) _____

Military Experience

Have you ever been in the Armed Forces?

Yes No

Are you currently a member of any branch of the Armed Forces?

Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience

List the positions you have held starting with your present employment. If more than one position or classification was held with a given organization, list each position as a separate period of employment. Under "Specific Duties", describe clearly the tasks you performed and the nature of your supervisory, technical or other responsibilities. Please be complete. Your employment history may be verified by contacting previous employers unless you request otherwise.

_____ Present or Last Employer _____ Address _____ City, State and Zip Code _____ Telephone Number	<u>Employed</u> From (Mo/Yr) _____ To (Mo/Yr)	<u>Pay</u> Start \$ _____ Final \$	<u>Title or Position</u> _____ Name and Title of Last Supervisor	Reason for Leaving
_____ Present or Last Employer _____ Address _____ City, State and Zip Code _____ Telephone Number	<u>Employed</u> From (Mo/Yr) _____ To (Mo/Yr)	<u>Pay</u> Start \$ _____ Final \$	<u>Title or Position</u> _____ Name and Title of Last Supervisor	Reason for Leaving
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PLEASE READ CAREFULLY

By signing your name below:

You certify that all statements made by you on this application are true and complete to the best of your knowledge and that you understand any intentional misrepresentations or omissions may be cause for rejection of your application or subsequent dismissal if you are hired.

You understand that Super Lube may require the successful completion of drug and alcohol testing as a condition of employment, and that continued employment may be based on the successful completion of similar tests.

You authorize Super Lube to conduct inquiries into your character, reputation, skills and experiences and release those supplying information to Super Lube from any liability relating to such information.

Nothing contained in the interview process, this application, or Super Lube employment policies or procedures are intended to create an employment contract between Super Lube and you. Should this application result in your employment, you have the right to terminate your employment at any time and for any reason and Super Lube retains a similar right.

Signature of applicant _____ **Date** _____

Super Lube is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, age, disability or veteran's status. We assure you that your opportunity for employment with this company depends solely on your qualifications.