



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME: _____ DATE OF BIRTH: _____
FIRST LAST M.I.

SOCIAL SECURITY #: _____ DRIVER'S LICENSE #: _____ TELEPHONE #: _____ TYPE: _____
STATE (ABBR.) CELL -or- HOME

ADDRESS: _____
STREET CITY STATE (ABBR.) ZIP CODE

ARE YOU RELATED TO ANYONE CURRENTLY EMPLOYED BY THIS COMPANY? _____ IF YES, NAME: _____
Y/N

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ FOR WHAT? _____
Y/N

ARE YOU A U.S. CITIZEN? _____ ARE YOU IN THE NATIONAL GUARD? _____ REFERRED BY: _____
Y/N Y/N

EMPLOYMENT DESIRED

POSITION: _____ DATE AVAILABLE: _____ DESIRED \$: _____ HOURS / WEEK: _____
PER HOUR -or- ANNUALLY HOURS WORK PER WEEK

ARE YOU CURRENTLY EMPLOYED? _____ IF YES, CAN WE CONTACT YOUR EMPLOYER? _____ NAME & TELEPHONE: _____
Y/N Y/N

HAVE YOU EVER APPLIED HERE BEFORE? _____ IF SO, WHERE? _____ WHEN? _____
Y/N LOCATION OR DIVISION (FUEL & LUBRICANTS -or- NAPA AUTO PARTS) APPROXIMATELY

FORMER EMPLOYERS (PLEASE LIST FROM MOST RECENT TO THE OLDEST)

FROM:	EMPLOYER NAME & TELEPHONE NUMBER	POSITION	WAGES, COMPENSATION, OR SALARY	REASON FOR LEAVING
TO:				

REFERENCES (GIVE BELOW, NAMES OF THREE (3) PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE (1) YEAR)

NAME AND ADDRESS	PHONE	TYPE OF BUSINESS

ACKNOWLEDGEMENT

I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PREVIOUS NOTICE.

SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

HIRED START DATE: _____ POSITION: _____ SALARY/WAGES: \$ _____ PER: HOUR / YEAR