

Employment Application

Auto-Lube Services, Inc. is an Equal Opportunity Employer. We maintain a drug-free workplace. Federal law prohibits discrimination because of race, color, religion, sexual orientation, gender, national origin and age. Be sure you read all instructions carefully. Please print in dark ink. Complete both sides of this application and sign your name on the back. Incomplete or unsigned applications will not be considered.



Personal Data

Last Name _____ First _____ Middle _____
Address _____ City _____ State _____ Zip _____
Telephone (_____) _____ E-mail _____ Social Security # _____

Employment Desired

Desired position: _____ Date you can start _____ Salary desired _____
Are you currently employed? YES NO If so, may we contact your present employer? YES NO

Education History

Grammar School _____ Years Attended _____ Did you graduate? YES NO
High School _____ Years Attended _____ Did you graduate? YES NO
College _____ Years Attended _____ Did you graduate? YES NO
Trade, Business or Correspondence School _____ Years Attended _____ Did you graduate? YES NO

General Information

Subjects of special study/research. Work or special training/skills _____

U.S. Military or Naval Service _____ Rank _____

Former Employers

Please list your last three employers, starting with the last one first

Employer Name _____ From _____ to _____
Address _____ City _____ State _____ Zip _____
Telephone (_____) _____ Position/Title _____ Salary _____
Supervisor's Name & Title _____ Reason for Leaving _____

Employer Name _____ From _____ to _____
Address _____ City _____ State _____ Zip _____
Telephone (_____) _____ Position/Title _____ Salary _____
Supervisor's Name & Title _____ Reason for Leaving _____

Employer Name _____ From _____ to _____
Address _____ City _____ State _____ Zip _____
Telephone (_____) _____ Position/Title _____ Salary _____
Supervisor's Name & Title _____ Reason for Leaving _____

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References

Please list three persons, not related to you, whom you have known at least one year.

Name _____	Business _____	Years known _____
Address _____	City _____	State _____ Zip _____
Name _____	Business _____	Years known _____
Address _____	City _____	State _____ Zip _____
Name _____	Business _____	Years known _____
Address _____	City _____	State _____ Zip _____

Authorization

All information provided by me, as part of my application for employment is accurate and true to the best of my knowledge. I understand and agree that any misrepresentation or omission of information by me may result in my rejection from employment or, if hired, in my discharge.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities act (ADA) and other relevant federal and state laws.

Signature _____ Date _____

Do not write below this line

Remarks

Interviewed by _____ Date _____

Neatness _____ Character _____

Personality _____ Ability _____

Hired _____ Start date _____ Department _____ Position _____ Salary _____