

**PERSONAL INFORMATION**

Name (Last, First, Middle)				Social Security Number	
Street Address		City	State	Zip	Telephone No. where you can be contacted ()
Have you ever worked for <i>Kenny's or Pit Stop</i>	YES NO	If yes, where and when?		Date of 1st Employment (if former employee)	Are you over <u>16</u> years of age? YES NO Are you over <u>18</u> years of age? YES NO
Have you been convicted of a criminal offense within the past seven years? (Except minor traffic offenses). YES NO				If YES, give details.	
Can you upon employment, submit verification of your legal right to work in the United States and documentation verifying your identity? YES NO					Referred by:

EMPLOYMENT INTERESTS

Position for which you are applying:			Salary Expected		Date Available Full-time Part-time		
Are there any hours, shifts, or days you cannot or will not work: YES NO		If YES, explain.					
(STORE POSITIONS ONLY)	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Please indicate the days and hours you are available to work. Be sure to state A.M. or P.M.							
Certain positions within the store may require use of a car or other motorized vehicle. If use of such a vehicle were required in the job for which you are applying . . .		A. Do you have or can you get a valid driver's license? YES NO B. Do you have access to a car or other motorized vehicle? YES NO C. Do you have or can you get liability insurance on such a vehicle? YES NO Your Driving Record will be checked if you drive a company vehicle.					
Specialized Skills – Complete if applicable to the position for which you are applying.							
Other specialized skills or information you feel are pertinent to the job for which you are applying.							
Emergency Contact				Phone #:			

EDUCATION

	HIGHEST GRADE, DIPLOMA OR DEGREE	COURSE/ MAJOR
High School		
College, Business, Vocational, or Other Training		

EMPLOYMENT HISTORY – INFORMATION WILL BE VERIFIED; TELEPHONE NUMBERS ARE VERY IMPORTANT

Please list ALL JOBS, beginning with your present or last employer. Account for ALL time periods, including **UNEMPLOYMENT, SELF-EMPLOYMENT,** and **U.S. MILITARY SERVICE.** If space is insufficient, list on a separate page or additional application form.

1. Name and Address			DATES OF EMPLOYMENT		SALARY	
			Start	End	Start	End
Job Title	Department	Supervisor	May we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Telephone Number	
Duties and Responsibilities		Type of Business		Reason for leaving or wishing to leave		
2. Name and Address			DATES OF EMPLOYMENT		SALARY	
			Start	End	Start	End
Job Title	Department	Supervisor	Telephone Number		Type of Business	
Duties and Responsibilities		Reason for Leaving				
3. Name and Address			DATES OF EMPLOYMENT		SALARY	
			Start	End	Start	End
Job Title	Department	Supervisor	Telephone Number		Type of Business	
Duties and Responsibilities		Reason for Leaving				
4. Name and Address			DATES OF EMPLOYMENT		SALARY	
			Start	End	Start	End
Job Title	Department	Supervisor	Telephone Number		Type of Business	
Duties and Responsibilities		Reason for Leaving				

I certify the facts set forth in my application for employment are true and complete. I understand that, if employed, false statements in this application may be considered sufficient cause for dismissal. I authorize the store operator to verify all statements contained in this application and to contact schools, former employers, and to otherwise investigate my personal and professional background, as necessary and as limited above for my present employer. I authorize and release any and all former and/or present employers from any liability whatsoever in connection with the store operator's attempts to verify my past employment. I also understand that, if employed I will be required to complete the Immigration / Naturalization Service form I-9 for employment eligibility and show required supporting documentation.

If employed, I agree to conform to all of the policies and procedures of the store and recognize that my employment and compensation can be terminated, with or without cause, and without notice at any time.

Applicant's Signature _____

Date _____

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