

SCRANTON PETRO
APPLICATION FOR EMPLOYMENT

APPLICATION IDENTIFICATION

NAME: _____
ADDRESS: _____
HOME PHONE #: _____ BUSINESS PHONE #: _____ BEEPER:#: _____
SOCIAL SECURITY #: _____ ARE YOU 18 YEARS OLD OR OLDER () YES () NO
ARE YOU AUTHORIZED BY THE IMMIGRATION LAWS TO WORK IN THE U.S.? () YES () NO
DO YOU HAVE A VALID DRIVERS LISCENSE? () YES () NO
IF YES, TYPE OF LISCENSE: _____
LISCENSE: # _____ STATE: _____
HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST TEN YEARS WHICH HAS NOT BEEN
EXPUNGED OR SEALED BY A COURT? () YES () NO
IF YES, PLEASE EXPLAIN: _____

EDUCATION

HIGH SCHOOL: _____
CITY, STATE: _____
OF YEARS COMPLETED: _____ GRADUATED: () YES () NO
COLLEGE: _____
CITY, STATE: _____
OF YEARS COMPLETED: _____ GRADUATED: () YES () NO
BUSINESS/TRADE SCHOOL: _____
CITY, STATE: _____
OF YEARS COMPLETED: _____ GRADUATED: () YES () NO

POSITION YOU ARE APPLYING FOR

POSITION APPLIED FOR: _____
PAY EXPECTED: _____ DATE AVAILABLE: _____
IS THERE ANY REASON YOU CANNOT SAFELY PERFORM THE DUTES OF THE JOB FOR WHICH YOU ARE
APPLYING? () YES () NO IF YES, PLEASE EXPLAIN: _____
HAVE YOU EVER WORKED FOR OUR COMPANY BEFORE? () YES () NO
IF YES, FROM WHEN _____ TO _____
HAVE YOU EVER APPLIED TO OUR COMPANY BEFORE? () YES () NO
IF YES, WHEN _____
SHIFTS DESIRED: _____
ARE YOU AVAILABLE WEEKENDS? () YES () NO

MILITARY SERVICE

ARE YOU CURRENTLY OR HAVE YOU EVER BEEN A MEMBER OF THE UNITED STATES AREMED FORCES?
() YES () NO IF YES, PLEASE COMPLETE THE FOLLOWING:
BRANCH & ORGANIZATION: _____
CURRENT RANK OR RANK AT DISCHARGE: _____
M.O.S. _____ TOTAL YEARS OF SERVICE: _____
OTHER SPECIALIZED TRAINING: _____

WORK HISTORY

LIST YOUR LAST JOBS, MOST RECENT FIRST

DATES EMPLOYED: _____ TO _____
NAME: _____
ADDRESS: _____
PHONE: _____ PERSON TO CONTACT: _____
DUTIES & RESPONSIBILITIES: _____
SALARY: _____ REASON FOR LEAVING: _____

DATES EMPLOYED: _____ TO _____
NAME: _____
ADDRESS: _____
PHONE: _____ PERSON TO CONTACT: _____
DUTIES & RESPONSIBILITIES: _____
SALARY: _____ REASON FOR LEAVING: _____

DATES EMPLOYED: _____ TO _____
NAME: _____
ADDRESS: _____
PHONE: _____ PERSON TO CONTACT: _____
DUTIES & RESPONSIBILITIES: _____
SALARY: _____ REASON FOR LEAVING: _____

PERSONAL REFERENCES

DO YOU HAVE ANY RELATIVES WHO WORK FOR THE COMPANY? () YES () NO
IF YES, PLEASE LIST: _____

LIST THREE PERSONAL REFERENCES:

1. NAME: _____
PHONE: _____ RELATIONSHIP: _____
2. NAME: _____
PHONE: _____ RELATIONSHIP: _____
3. NAME: _____
PHONE: _____ RELATIONSHIP: _____

LIST YOUR PERSONAL EXPERTISE WHICH WOULD HELP YOU TO QUALIFY FOR THIS POSITION

HOBBIES: _____
BORDENTOWN JUNCTION TRUCKSTOP JOING VENTURE IS AN EQUAL OPPORTUNITY EMPLOYER: PLEASE READ AND SIGN BELOW:

The facts set forth in my Employment Application are true and complete. I understand that if I am hired, any false statements discovered on the application may be considered cause for dismissal at the Company's option. I hereby authorize the Company to make an investigation of my work history through any method it chooses provided the Company will not contact my present employer if I so indicated at the beginning of the previous Employment Section, unless later authorized by me. I am making this application for employment. I authorize the Company to obtain information as to my general reputation, work history, leadership abilities, attendance and all other work related conduct. I hereby release written request and receive detailed information about the nature of any such investigative report that is made. I understand that if hired by the Company I may resign at any time and that my employment may be terminated by the Company at any time without cause or notice. I acknowledge that no representative of the Company other than the President has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing. I have fully read understand and agree to all statements and terms of this application form.

DATE: _____ SIGNATURE: _____

