



APPLICATION FOR EMPLOYMENT

STOP & STOR is an equal opportunity employer.

PERSONAL INFORMATION

DATE / /

Name (Last)		First	(Middle)	Social Security No.				
Home Address			City	State	Zip			
Home Telephone ()		Cell Phone Number ()		E-Mail Address				
Position Applying For		Date Available / /		Are you interested in (check all that apply) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time				
Days and hours available				Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Day	Mon	Tues	Wed	Thur	Fri	Sat	Sun	If you're under 18 years of age, please state your date of birth: / /
From								Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No
To								What percent? _____%
How were you referred to STOP & STOR?								

EDUCATION - Complete All Sections

Type of School	Name and Location of School	Degree/Area of Study	Number of Years Attended	Graduated (Check One)
High School	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City State Zip			
College	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City State Zip			
Graduate School	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City State Zip			
Other	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City State Zip			

U.S. MILITARY SERVICE

Branch of Service	Technical Specialization	Rank Attained

LEGAL

Are you a U.S. citizen or do you have a legal right & necessary documents to work in the U.S.? Yes No
 (Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1986.)
 Were you ever discharged by any company? Yes No If yes, give name of company(ies): _____
 Reason for discharge: _____

EMPLOYMENT HISTORY - Please list , beginning with the most recent position.

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities. May we contact your present employer? Yes No. Past employer? Yes No. Please indicate if you were employed under a different name.

DATES	NAME AND ADDRESS OF EMPLOYER	POSITION HELD/ SUPERVISOR	LIST MAJOR DUTIES		REASON FOR LEAVING
From: ___/___ mo. yr.	Name Address City	Your Job Title Supervisor			
To: ___/___ mo. yr.	State Phone ()				
From: ___/___ mo. yr.	Name Address City	Your Job Title Supervisor			
To: ___/___ mo. yr.	State Phone ()				
From: ___/___ mo. yr.	Name Address City	Your Job Title Supervisor			
To: ___/___ mo. yr.	State Phone ()				
From: ___/___ mo. yr.	Name Address City	Your Job Title Supervisor			
To: ___/___ mo. yr.	State Phone ()				

Have you previously worked for STOP & STOR or any of its affiliates? Yes No

Name _____ Location _____
 City & State _____ Position Held _____
 Supervisor _____ Dates Employed: From: _____ To: _____
 Reason for Leaving _____

REFERENCES
 Professional business references: (do not list relatives or friends) (please indicate if you were employed under a different name).

Name	Company Name	Work Phone No.	Title	Years Known
		()		
		()		
		()		

PLEASE READ CAREFULLY

I understand that, with my authorization, an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit record and/or criminal history, subject to applicable federal, state and/or local laws. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of STOP & STOR. I understand and agree that if employed, the employment will be "at will". That is, either I or STOP & STOR may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by STOP & STOR does not imply employment and that this application and/or any other STOP & STOR documents are not contracts of employment.

APPLICANT'S SIGNATURE

_____/_____/_____
DATE SIGNED