

APPLICATION FOR EMPLOYMENT

Auxiliary aids and services are available upon request to individuals with disabilities.

Today's Date: _____

PERSONAL

Full Name: _____

Address: _____

Telephone Number: _____

Are you 18 years of age or older? Yes No

Are you legally authorized to work in the United States? Yes No

How did you hear about us? _____

Are you related to anyone currently employed here? Yes No

If you answered yes, who are you related to and what is your relationship to them?

EMPLOYMENT DESIRED

Job Title: _____

Date you can start: _____

Wage desired: _____

Are you available for work: Full-time Part-time

EDUCATION

Do you have a High School Diploma or GED? Yes No

Name of last school attended: _____

City, State: _____

Last grade completed: 9 10 11 12

Highest degree earned: High School Diploma/GED Associate's Degree

Bachelor's Degree Master's Degree Other _____

Other Training or Skills (Factory or Office Machines Operated, Special Courses, Computer Skills, etc.):

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EMPLOYMENT HISTORY

List employers, starting with the current or most recent. Explain all gaps in time of employment.

Company Name:

Job Title:

Start Date:

End Date:

Reason for Leaving:

Company Name:

Job Title:

Start Date:

End Date:

Reason for Leaving:

Company Name:

Job Title:

Start Date:

End Date:

Reason for Leaving:

May we contact your former employers? Yes No

Elite Octane is an Equal Opportunity Employer.

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May we contact your present employer? Yes No

REFERENCES

Please list three references we can call to ask about your suitability for employment.

Name	Phone Number
1.	
2.	
3.	

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment. _____ Initials

I understand, where permissible under applicable state and local law, I may be subject to a preemployment drug test after receiving a conditional offer of employment, and must receive a negative result for illegal drug use before being permitted to commence work with Elite Octane. _____ Initials

I understand, where permissible under applicable state and local law, I may be subject to a preemployment medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with Elite Octane. _____ Initials

I understand, where permissible under applicable state and local law, I may be subject to a preemployment background check after receiving a conditional offer of employment to investigate my criminal background, driving record, credit history, and/or and other matters related to my suitability for employment. I understand that a separate disclosure and consent form will be provided to me prior to any background check. _____ Initials

I understand employment with Elite Octane is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

_____ Initials

I hereby certify that, if employed, I will report to a representative of HR or other member of management, if I am ever harassed by someone in the company or if I ever become aware of any unethical behavior by any employee. _____ Initials

I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party (Elite Octane or me) without prior notice to the other, unless otherwise prohibited by law. _____ Initials

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I understand that no representation, whether oral or written, by any representative or agent of Elite Octane, at any time, can constitute an implied or express contract of employment. I further understand no representative or agent of Elite Octane has the authority to enter into an agreement for employment for any specified period of time or to make any **change in any policy, procedure, benefit, or other terms or condition of employment other than in a document signed by the an authorized representative.** _____ Initials

I certify that all of the above information is true and complete, and I understand that any falsification or omission of information may disqualify me from further consideration for employment or, if hired, may result in termination regardless of the time elapsed before discovery.

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Signature

Date