



BLOC STOP TRAVEL CENTER

Applications are considered for all possible positions without regards to race, color, religion, sex, national origin, age, marital status, veteran status or the presence of a non-related medical condition or disability.

PERSONAL INFORMATION

Full Name: _____ Phone #: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Are you legally able to work in the United States: () Yes or () No
(Conviction may or may not exclude you from qualifying for a position.)

Please list convictions and provide any explanation you see fit. : _____

Employment Desired

Position or Positions of Interest: _____ Cashier _____ Fuel Sales Attendant _____ Maintenance

Currently Employed: _____ Yes _____ No

Are you looking for: _____ Full-Time _____ Part-Time

Desired Shift _____ 1st (6:00 AM-2PM) _____ 2ND (2PM-10PM) _____ 3RD (10PM-6AM)

Even if very part time, what hours are you looking for: _____

Desired days: () Monday () Tuesday () Wednesday () Thursday () Friday () Saturday () Sunday

- Note: All Staff will need to take their fair share of weekends and holidays now and again on a possible rotation as needed.

EMPLOYMENT HISTORY

Most recent or current employer: _____ Employment Dates: _____

Address: _____ City: _____ State _____ Zip; _____

Job Title: _____ Supervisor's Name: _____ Phone #: _____

Reason for Leaving: _____ Wage/Salary: _____

Employer #2: _____ Employment Dates: _____

Address: _____ City: _____ State _____ Zip; _____

Job Title: _____ Supervisor's Name: _____ Phone #: _____

Reason for Leaving: _____ Wage/Salary: _____

QUALIFICATIONS/ EDUCATION/ SKILLS

High School: _____ City: _____ State: _____ Graduated: () Yes or () No

Jr College: _____ City: _____ State: _____ Graduated: () Yes or () No

College/University: _____ City: _____ State: _____ Graduated: () Yes or () No

Certification or Licenses: _____

Office Equipment of software programs used: _____

Supervisory Experience: _____

REFERENCES

Please list at least two (2) work-related references. These can be supervisors, business owners or co-workers.

Name of Reference #1: _____ Business Name (if applicable): _____

Phone #: _____ Relationship to applicant: _____ Years Known: _____

Name of Reference #2: _____ Business Name (if applicable): _____

Phone #: _____ Relationship to applicant: _____ Years Known: _____

Name of Reference #3: _____ Business Name (if applicable): _____

Phone #: _____ Relationship to applicant: _____ Years Known: _____

PLEASE READ CAREFULLY AND SIGN BELOW

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references. If necessary for employment you may be required to supply your birth certificate or other proof of authorization to work in the United States and have a physical examination.

Prior to employment, a drug test and a criminal background check may be conducted. Any felony or misdemeanor deemed adverse to the duties of the position or that pose a threat to the business or its employees may disqualify the applicant from the position. A positive drug screening will automatically disqualify potential employees from being hired. I understand and agree to the information listed above.

Applicant's Name (please print clearly): _____

Applicant's Signature: _____

Today's Date: _____