

EZ LUBE
EQUAL EMPLOYMENT
OPPORTUNITY DATA

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will not become part of your personnel record if this company hires you.

Name: _____

Gender: Male Female

Race/Ethnicity: American Indian/Alaskan Native Two or more races
 Asian/Pacific Islander
 Black
 Hispanic
 White
 Native Hawaiian or other Pacific Islander

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable.

Vietnam Era Veteran
 Disabled Veteran
 Individual with a Disability

EMPLOYER USE ONLY

EEO-1 Category:

- | | |
|---|---|
| <input type="checkbox"/> 1. a. Executive/Senior Level Officials
and Managers | <input type="checkbox"/> 6. Craft Workers |
| b. First/Mid Senior Level Officials | <input type="checkbox"/> 7. Operatives - semi-skilled |
| <input type="checkbox"/> 2. Professionals | <input type="checkbox"/> 8. Laborers - unskilled |
| <input type="checkbox"/> 3. Technicians | <input type="checkbox"/> 9. Service workers |
| <input type="checkbox"/> 4. Sales | |
| <input type="checkbox"/> 5. Administrative Support Workers | |

Employer Information Completed by:

X

Date:

EZ LUBE, INC.

EMPLOYMENT APPLICATION

Store # _____

Answer all questions completely in your handwriting in ink. We are an Equal Opportunity Employer. No question on this application is intended to be discriminatory under any applicable Federal, State or Local Fair Employment Practices Law.

I. PERSONAL INFORMATION

Last Name	First	Middle	Date
Street Address			Home Phone ()
City	State	Zip	Cell Phone ()
Social Security Number:		Email Address:	
Have you ever been involuntarily terminated or requested to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, can you provide verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you worked for EZ Lube before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are under age 18, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's license number: Expiration Date:	If hired, would you have reliable transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Name:	Do you have friends or relatives working for our company? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Name and relationship:		
Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes list offense, Date and Disposition of the Case (Convictions for marijuana-related offenses that are more than two years need not be listed) (convictions will not necessarily disqualify you for the position)			

II. EMPLOYMENT INTERESTS

Position Desired	Date Available	Hourly Rate Desired	Would you be willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Employment Desired Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Days and hours available for work		
How were you referred to our company? <input type="checkbox"/> Ad (where) _____ <input type="checkbox"/> Employee Referral (Name) _____ <input type="checkbox"/> Job Fair (Location) _____ <input type="checkbox"/> Other (Please specify) _____ <input type="checkbox"/> Walk-in			

III. EDUCATION INFORMATION

School Level	Name and Location of School	Course of Study	Circle last grade completed	Did you graduate? <input type="checkbox"/> Y <input type="checkbox"/> N	Degree or Diploma
High School			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
College/University			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
Business/Trade Technical			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	

IV. SKILLS

Computer Skills: Yes _____ No _____	Foreign Languages (indicate proficiency to speak, read and write)
Can you perform the essential duties of the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question.)	
Do you have any experience, training, qualifications or special skills, which you think, make you especially suited for work at this company? (Explain)	

V. EMPLOYMENT INFORMATION (Start with Current or Most Recent Employer)

1	Company Name		Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address	City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title	Duties			Reason for leaving	
	Supervisor's Name				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Company Name		Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address	City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title	Duties			Reason for leaving	
	Supervisor's Name				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Company Name		Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address	City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title	Duties			Reason for leaving	
	Supervisor's Name				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

VI. ACKNOWLEDGMENT

Please read carefully, initial each paragraph, and sign below

Initial	I authorize any person, school, current employer (except as expressly noted), past employer(s), and organizations named in this application form (and accompanying resume or other documentation, if any) to provide the Company with relevant information and opinion, personal or otherwise, that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and opinion to you.
Initial	In consideration of employment, I agree to obey the rules and standards of the Company. I understand that nothing contained in this application or in the interview process is intended to create a contract between the Company and myself for either employment or for the providing of any benefits. I agree that my employment is at-will and the terms of employment may be changed with or without cause, with or without notice, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties and location of work, at any time, for any reason, at the option of myself or the Company. This constitutes my entire agreement with the Company with regard to the length of my employment.
Initial	I understand that as a condition of employment I will be required to take a pre-employment drug test. I further understand if injured on the job, I will be required to take a drug test. I may be required to take a drug/alcohol test if management reasonably suspects a condition exists that will prevent me from performing my job in a manner that may endanger my own health or the safety and health of others. I authorize all providers of health care who examine me to disclose to the Company or its agents, all medical information revealed during such examinations. I further authorize the Company to disclose such information to any other persons; if at any time my medical condition is put at issue in any proceeding by others or myself.
Initial	I understand that I must notify management, in writing, of any special accommodations I may need to perform the job. The company may choose to have a report submitted from my physician of my limitations.
Initial	I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to live and work in the United States.
Initial	I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare under penalty of perjury that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment, and will be justification for my dismissal from employment, if discovered at a later date.

Applicant Signature: _____	Date: _____
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<i>This Section is to be Completed by Human Resources</i>		
Date of Hire: ____/____/____	Full / Part Time _____	Job Title: _____
Starting Pay Rate: _____	Hourly or Salary _____	Store Location: _____