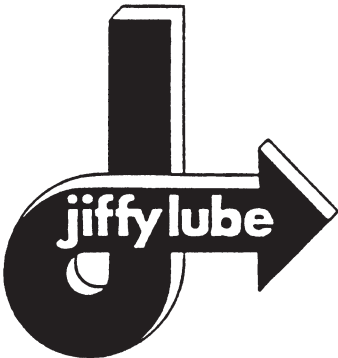


# APPLICATION FOR EMPLOYMENT

LUBRICAR INC.

dba



**AN EQUAL OPPORTUNITY EMPLOYER**

**(Please use pen; PRINT all entries)**

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. THIS COMPANY COMPLIES WITH APPLICABLE FEDERAL AND STATE LAWS PROHIBITING DISCRIMINATION ON THE BASIS OF AGE, PHYSICAL OR MENTAL DISABILITY, SERIOUS MEDICAL CONDITION, RACE, COLOR, SEX, RELIGION OR NATIONAL ORIGIN.

PERSONAL	Last Name	First	Middle	Date
	Street Address			Home Phone ( ) -
	City, State, Zip			Business Phone ( ) -
	Have you ever applied to or worked for Jiffy Lube? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Location _____			Social Security No. - -
	Position Desired			Pay Expected
	Position Desired Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are you legally eligible for employment in the United States?			When will you be available to begin work?
	Other special training or skills (languages, machine, operation, etc.)			
	How did you learn about our organization?			

# EMPLOYMENT EXPERIENCE/WORK HISTORY

Please give accurate, complete full-time and part-time employment records. Start with present or most recent employer.

1	Company Name	Telephone (      )      -
	Address	Employed (State Month and Year) From                      To
	Name of Supervisor	Hourly Rate/Salary Start                      Last
	State Job Title and Describe Your Work _____	Reason For Leaving

2	Company Name	Telephone (      )      -
	Address	Employed (State Month and Year) From                      To
	Name of Supervisor	Hourly Rate/Salary Start                      Last
	State Job Title and Describe Your Work _____	Reason For Leaving

3	Company Name	Telephone (      )      -
	Address	Employed (State Month and Year) From                      To
	Name of Supervisor	Hourly Rate/Salary Start                      Last
	State Job Title and Describe Your Work _____	Reason For Leaving

4	Company Name	Telephone (      )      -
	Address	Employed (State Month and Year) From                      To
	Name of Supervisor	Hourly Rate/Salary Start                      Last
	State Job Title and Describe Your Work _____	Reason For Leaving

5	Company Name	Telephone (      )      -
	Address	Employed (State Month and Year) From                      To
	Name of Supervisor	Hourly Rate/Salary Start                      Last
	State Job Title and Describe Your Work _____	Reason For Leaving

<p>We may contact the employer listed above unless you indicate those you do not want us to contact.</p>	<p><b>DO NOT CONTACT</b></p>
	<p>Employer Number(s) _____ Reason _____</p> <p>_____</p>

E D U C A T I O N	SCHOOL	NAME AND LOCATION	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA
	College				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	High				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Other				<input type="checkbox"/> YES <input type="checkbox"/> NO	

<input type="checkbox"/>	What was your previous address?	<input type="checkbox"/> How long at present job? Years
	Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of minimum legal age.	<input type="checkbox"/> How long at your previous address? Years
<input type="checkbox"/>	Have you ever been bonded? Yes No If yes, with what employers?	
<input type="checkbox"/>	Have you ever been convicted of a crime in the past ten years, excluding misdemeanors, which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full.	
<input type="checkbox"/>	State name of relatives and friends working for Jiffy Lube.	
<input type="checkbox"/>	Are you able to perform the essential functions of the position for which you have applied? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## PLEASE READ CAREFULLY

S I G N A T U R E	I acknowledge that I have read and understand the requirements and qualifications for the position for which I am applying.
	I understand that, with my authorization, an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, education background, credit record and/ or criminal history.
	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 Lubricar Inc.
	I understand and agree that if employed, the employment will be "at will". That, is, either I or Lubricar Inc. may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by Lubricar Inc. does not imply employment and that this application and/or any other Lubricar Inc. documents are not contracts of employment.
	<hr/> Date
	<hr/> Signature

FOR EMPLOYER'S USE ONLY

<b>R E F E R E N C E  C H E C K</b>	EMPLOYER	PERSONAL CONTACTED	RESULTS
	1		
	2		
	3		
	4		
5			

<b>I N T E R V I E W  R E S U L T S</b>	INTERVIEWER NAME AND COMMENTS