

Gas Stop Employment Application
An Equal Opportunity Employer
PLEASE PRINT OR TYPE

Gas Stop the ("Company") is an equal opportunity employer. We do not discriminate on the basis of race, religion, national origin, color, sex, age, sexual orientation or disability. In addition, this application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job related factors.

Please print and fill out all sections

Applicant Information

Date _____

Applicant Name _____
Last First Middle Initial

Home Phone _____

Mobile Phone _____

Email Address _____

Current Address

Number and Street _____

City _____

State & Zip _____

Previous Address

Number and Street _____

City _____

State & Zip _____

Previous Address

Number and Street _____

City _____

State & Zip _____

How were you referred to Company? _____

Employment Positions

Position(s) applying for _____

Are you applying for?:

- Temporary work – such as summer or holiday work? Y N
- Regular part-time work? Y N
- Regular full-time work? Y N

What days and hours are you available for work? _____

If applying for temporary work, when will you be available? _____

If hired, on what date can you start working? _____

Can you work on the weekends? Y N Can you work evenings? Y N Are you available to work overtime? Y N

Salary desired \$ _____

Personal Information:

If hired, would you have transportation to/from work? Y N

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age) Y N

If you are applying for a positing involving the sale of alcoholic beverages or tobacco, are you age 21 or older? Y N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Y N

If hired, are you willing to submit to and pass a controlled substance test? Y N

Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation? Y N

If no, describe the functions that cannot be performed

(Note: Company complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Have you ever been convicted of a criminal offense (felony or misdemeanor) other than a minor traffic violation? Y N

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Military Service:

Branch _____
Rank in Military _____
Total Years of Service _____
Skills/duties _____
Related details _____

Education, Training and Experience

High School

School name _____
School address _____
City, State, Zip _____
Number of years completed _____
Did you graduate? Y N
Degree / diploma earned _____

College / University

School name _____
School address _____
City, State, Zip _____
Number of years completed _____
Did you graduate? Y N
Degree / diploma earned _____

College / University

School name _____
School address _____
City, State, Zip _____
Number of years completed _____
Did you graduate? Y N
Degree / diploma earned _____

Vocational School

School name _____
School address _____
City, State, Zip _____
Number of years completed _____
Did you graduate? Y N
Degree / diploma earned _____

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us?

Y N

If yes, please explain _____

Employment History

Are you currently employed? Y N

If you are currently employed, may we contact your current employer? Y N

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment.

Even if you have attached a resume, this section must be completed.

Name of Employer _____
Name of Supervisor _____
Telephone Number _____
Business Type _____
Address _____
City, state, zip _____
Length of Employment (Include Dates) _____
Position & Duties _____
Reason for Leaving _____
May we contact this employer for references? Y N

Name of Employer _____
Name of Supervisor _____
Telephone Number _____
Business Type _____
Address _____
City, state, zip _____
Length of Employment (Include Dates) _____
Position & Duties _____
Reason for Leaving _____
May we contact this employer for references? Y N

Name of Employer _____
Name of Supervisor _____
Telephone Number _____
Business Type _____
Address _____
City, state, zip _____
Length of Employment (Include Dates) _____
Position & Duties _____
Reason for Leaving _____
May we contact this employer for references? Y N

Name of Employer _____
Name of Supervisor _____
Telephone Number _____
Business Type _____
Address _____
City, state, zip _____
Length of Employment (Include Dates) _____
Position & Duties _____
Reason for Leaving _____
May we contact this employer for references? Y N

Of the positions above, which did you like best and why?

Did you have difficulties with any of your prior employer's attendance policies and why?

References

List below three persons who have knowledge of your work performance within the last four years. If possible, please include professional references only.

Name - First, Last _____
Telephone Number _____
Address _____
City, state, zip _____
Occupation _____
Number of Years Acquainted _____

Name - First, Last _____
Telephone Number _____
Address _____
City, state, zip _____
Occupation _____
Number of Years Acquainted _____

Name - First, Last _____
Telephone Number _____
Address _____
City, state, zip _____
Occupation _____
Number of Years Acquainted _____

PLEASE READ CAREFULLY BEFORE SIGNING:

I understand that completion of this application does not indicate that there are any positions open and does not in any way obligate COMPANY. I authorize COMPANY to investigate all statements contained in this application. It is understood and agreed that any misrepresentations by me in this application will be sufficient cause for cancellation of the application and/or for separation from COMPANY's service if I have been employed. I agree, if employed, to abide by all of COMPANY's rules and regulations. I understand that an offer of employment by COMPANY may be conditioned on the results of a physical examination designed to determine my ability to meet the physical demands of the position for which I am under consideration. I authorize such physical examination as may be requested by COMPANY and further authorize the physician or other examining health care provider to release the record and/or report of that examination to an authorized recipient at COMPANY. I understand that, if employed, I will be hired as an employee at will, and my continued employment is entirely subject to the discretion and best judgment of COMPANY. Further, I understand that any additional terms of employment must be expressly agreed to in writing. I authorize COMPANY to investigate information regarding my previous employment, my working ability, my character and reputation, and all statements contained in this application. I hereby release COMPANY, its officers, employees, representatives, or agents, and the person(s) COMPANY contacts in its investigation from any and all liability and/or damage incurred in obtaining or providing such information.

**AN EQUAL OPPORTUNITY EMPLOYER
EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT**

Please Read and Initial Each Paragraph, then Sign Below

It is our policy at COMPANY to provide equal employment opportunity to all individuals without regard to race, color, religion, sex, age, sexual orientation, national origin, disability, veteran disability, and to Vietnam Era Veterans; to prohibit harassment based upon these factors, and to ensure that retaliation or discrimination does not occur if any employee reports violation of federal, state, or local laws. This policy applies to recruitment, hiring, training, promotion, transfer, demotion, termination, compensation, benefits, and all other aspects of employment. Each employee is hereby advised that discrimination of any type will not be tolerated by COMPANY. All employees may report any complaints or possible violations to either the manager of the facility at which they are employed, to the vice president for the division in which they are employed, or to a manager in the Human Resources Department. COMPANY will promptly investigate and resolve all complaints with appropriate confidentiality. COMPANY has a program of affirmative action. As part of this program, COMPANY will continue to emphasize to employees, potential employees, customers, vendors and others that equal opportunities in COMPANY are based upon individual merit and will continue to encourage persons to seek employment and strive for advancement upon such a basis. Each manager, supervisor, and employee within the organization is charged with the enforcement of this policy and the implementation of these programs within his or her area of responsibility.

DRUG/ALCOHOL TESTING ACKNOWLEDGEMENT

I acknowledge that COMPANY has a Drug/Alcohol Testing Policy, which I have been given an opportunity to read. That Policy requires drug testing confirmation of positive test results at an independent laboratory of COMPANY'S choice, using protocols developed by COMPANY and the laboratory. I understand that the Policy requires urinalysis testing and/or alcohol breathalyzer testing, and/or other authorized methods of all employees as provided for in the Policy. I hereby consent to undergo such drug/alcohol testing as may be required, and further consent to the release of test results to COMPANY. I understand that I may be terminated or not employed if I violate the Policy.

I certify that the information given in this application is correct, and I acknowledge that I have read and understand COMPANY's Equal Employment Opportunity Policy Statement, and Drug/Alcohol Testing Acknowledgement, as shown above:

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applicant's Signature _____

Witness' Signature _____

Date _____

Complete if Hired

Emergency Contact:

Name - First, Last _____

Telephone Number _____

Address _____

City, state, zip _____

Relationship _____

Employee's Birthdate _____

Interviewee's Notes:

COMPANY DRUG TESTING POLICY

Company and its employees are entitled to a drug free work place. The purpose of this policy is to establish a drug free work place which encourages productivity, efficiency, safety, security and general employee health and satisfaction. Substance abuse should not be engaged in by Company employees. Substance abuse includes the use of illegal drugs and the misuse of alcohol, prescription medications and over-the-counter drugs. Substance abuse often contributes to accidents, absenteeism, property loss and damage, personal injuries to employees and others, increased medical and health problems, thefts, unexplained losses, and reduced productivity and efficiency. Company and its employees have an obligation to maintain public trust and confidence and to ensure public safety and the safety of the work place. With these goals in mind, it is Company's policy that its employees:

1. Not use illegal drugs.
2. Not abuse alcohol, prescription and over-the-counter medications.
3. Not be under the influence of illegal drugs or alcohol during employment hours.
4. Not be impaired by medications during employment hours.
5. Not manufacture, distribute, dispense, or possess illegal drugs at the work place.

DRUG TESTING PROGRAM:

Under the Drug Testing Program, Company will conduct tests for the illegal drugs listed in the Controlled Substances Act, 21 U.S.C.S. 812 (1984, Supp. 1994), or their metabolites, including but not limited to the following substances:

AMPHETAMINES: Amphetamine, Methamphetamine, Phentermine, Ditehylpropion, Ephedrine, Pseudoephedrine, Phenylpropanolamine, Phemetrazine.

BARBITURATES: Amobarbital, Pentobarbital, Secobarbital, Butalbital, Barbitol, Phenobarbital.

BENZODIAZEPINES: Valium, Librium, Dalmane, Tranxene, Xanax, Centrax.

COCAINE

HALLUCINOGENS: Phencyclidine {PCP}, Lysergic Acid Diethylamide (LSD)

CANNABINOIDS (Marijuana)

OPIATES: Codeine, Morphine, Heroin, Hydrocodone, Dilaudid

PROPOXYPHENE: Darvon

Drug tests will be performed by urinalysis, using an enzyme multiplied immunoassay technique (EMIT), and positive results confirmed by a gas chromatography/mass spectrometry {GC/MS). Under the Company Drug Testing Program drug tests will be administered under the following circumstances:

1. Pre-employment. Each applicant for employment may be given a pre-employment drug test subsequent to a conditional offer of employment; consent to such a test is a required condition of employment.
2. Random. All employees are subject to testing for drugs on a random basis; selection for testing shall be done using a random selection process.
3. Reasonable cause. All employees are subject to drug testing based on "reasonable cause." "Reasonable cause" will be found if Company has reason to believe that an employee's actions, appearance or conduct indicate the use of illegal drugs; misuse of alcohol, prescription or over the-counter drugs; or other violation of Company's drug testing policy. Grounds for "reasonable cause" testing include, but are not limited to, the following: accidents, injuries, excessive absences, tardiness, altercations, lengthy absence, possession of drugs, cash shortages, thefts, or incidents resulting in a payment by Company for medical expenses or property damage. "Reasonable cause" tests must be approved by a corporate officer, a refinery manager, or their designate.
4. Post-accident. All employees in a work-related accident are subject to post-accident testing, and a urine sample will be taken as soon as possible after an accident. Post- accident tests must be approved by a corporate officer, a refinery manager, or their designate.
5. Scheduled periodic. All employees who are required by government regulation or company policy to visit a health care provider shall be drug tested as part of each such visit. Management and supervisory personnel will also be tested periodically.
6. Worker's Compensation Event. Any employee who experiences a workers' compensation event which results in lost time and/or a visit to a health care provider shall immediately undergo a drug test.

CONSEQUENCES OF VIOLATING POLICY

Any person who:

1. refuses to submit to a drug test
2. fails to truthfully complete and sign the Drug Testing Acknowledgment or similar form
3. attempts to alter or tamper with a urine specimen or the test results
4. admits to current substance abuse (as defined herein)
5. is convicted by a court of, or pleads guilty or no contest to, any substance abuse charge
6. tests positive on the drug test
7. violates this policy

shall be ineligible for consideration for employment for a period of at least 120 days, or in the case of a current employee, shall be subject to disciplinary action including termination of employment. The Company Drug Testing Program tests for common drugs of abuse as listed herein and on the Drug Testing Acknowledgment. Company reserves the right to test for additional drugs based upon its reasonable determination of the need to do so. Test results will be treated in a confidential manner by Company. Urine samples shall be stored as prescribed by applicable state and/or federal regulation.

A representative of the Company will review drug test results within a reasonable time period. Employees and applicants have the right to explain their positive test results. Test results will be made available to the applicant or employee upon written request where required by law. Employees who test positive on a drug test shall have the right to request a second confirmatory test on the same sample under conditions approved by Company. Such a right may be exercised only by a written request by the employee to the Managing Member of the Company within ten (10) days after the employee is informed of the drug test results. The re-test must be done immediately, at the employee's expense, and by a lab approved in advance by a representative of the Company.

An Employee Assistance Program has been established by Company in compliance with state and federal regulations. For more information regarding this program, please contact the Managing Member of the Company.

NO EMPLOYMENT CONTRACT EACH EMPLOYEE OF COMPANY IS AN EMPLOYEE AT WILL. EMPLOYMENT WITH COMPANY SHALL CONSTITUTE AGREEMENT BY THE EMPLOYEE TO ABIDE BY THIS DRUG TESTING POLICY AND TO SUBMIT TO DRUG TESTING AS A CONDITION OF EMPLOYMENT. NOTHING IN THIS POLICY SHALL BE INTERPRETED AS A MODIFICATION OF THE EMPLOYMENT AT WILL STATUS OF EACH EMPLOYEE OR AS A CONTRACT OF EMPLOYMENT. PASSING THE DRUG TEST IS ONLY ONE OF MANY CONSIDERATIONS FOR EMPLOYMENT AND SHALL NOT BE CONSTRUED AS AN OFFER OF EMPLOYMENT OR CONTINUED EMPLOYMENT.