



Fargo Jiffy Lube

Application for Employment

JK Lube, Inc. is an equal opportunity employer.

Please Print Clearly

Last Name: _____ First Name: _____ M.I.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Other Phone: (_____) _____

In Case Of An Emergency, We Should Notify: Name _____ Phone #: (_____) _____

Days and hours available.

Position you are applying for: _____

Please check: _____ Full Time or _____ Part Time

Date available _____

Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
From							
To							

How were you referred to Jiffy Lube? _____

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying. _____

Have you been previously worked for Jiffy Lube? _____ Yes _____ No

Name _____ Location _____

City & State _____ Position Held _____

Supervisor _____ Dates Employed From _____ To: _____

Reason for leaving _____

Are you acquainted with anyone who is or was employed by Jiffy Lube? _____ Yes _____ No

If yes, who? _____

Have you ever been convicted of or pled guilty to a crime (not including minor traffic violations)? _____ Yes _____ No

If so, what were you convicted of or what did you plead guilty to, when and where did that occur? _____

Are you currently on layoff, leave of absence or strike at another employer? _____

If so, do you have the opportunity to return to work there when your layoff, leave of absence or strike is over? _____

Can you lawfully work in the United States? Yes No

Are you 18 or over? Yes No

Do you have reliable transportation to work? Yes No

Education

	Name and City Of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Technical / Trade School				
Other (Specify)				

Employment History

Start with most recent employer

Dates (Month and Year)	Employer's Name, Address, and Phone Number	Supervisor's Name and Job Title	Position Held	Salary (Starting and Ending)
From:				
To:				
Reason for Leaving:				
From:				
To:				
Reason for Leaving:				
From:				
To:				
Reason for Leaving:				

Authorization and Understanding

Please be sure to read the following statements carefully and sign this application.

Authorization: My answers are complete and true to the best of my knowledge. I acknowledge that any false statement or omission in answering the above questions may result in the rejection of my application or can result in immediate discharge and/or termination of employment. I authorize the Company to investigate anything contained in this application, contact personal references and past employers, and conduct a criminal background or driver's record check. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liabilities for any damage that may result from furnishing same to you. I hereby release the Company, previous employers, references and all persons contacted from any and all liability for damages incurred while verifying the accuracy of the information provided and the Company for making an employment decision based on the information. In consideration of my employment, I agree to abide by all Company rules and regulations. I acknowledge that, if employed, my employment and compensation will be at-will and can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself.

Drug Testing and Physical Examination: It is our policy to maintain a work place that is free from the effects of both legal and illegal drug and/or alcohol abuse. We may conduct drug testing of job applicants and employees. I acknowledge that refusal to take; altering the results of or failing the drug test will disqualify me from consideration or continuation of employment. I also acknowledge that if hired I may be required to submit to medical/ physical examinations at the employer's discretion.

Incomplete applications will not be accepted.

I have read each section of this authorization and understanding and I accept the terms and conditions described.

Applicant's Signature: _____

Date of Signature: _____