

Stonehill Grill

APPLICATION FOR EMPLOYMENT

Equal access to programs, services, and employment is available to all individuals. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, veteran status, or disability. Those applicants requiring accommodation to the application or interview process should contact a Fill-n-Stop manager.

Position(s) applied for _____ Date of Application _____

Name _____ Social Security No. _____

Address _____ Telephone No. _____

Where did you hear about us? _____

May we contact you at work? Yes No If yes, work #. _____

Type of employment desired? Full-time Part-time Seasonal

Please specify days and hours of availability below. Date available to start work: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Are you legally eligible for employment in this country? Yes No

(Proof of U.S. citizenship or immigration status will be required upon employment.)

If you are currently employed, may we contact your employer for any job related information? Yes No

Have you ever been convicted of a felony? Yes No

(Such conviction may be relevant if job-related, but does not bar you from employment.)

If yes, please explain. _____

Are you able to perform the essential functions of this job with or without a reasonable accommodation? If you require any reasonable accommodations, please provide a brief description. _____

REFERENCES

List name and telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Telephone Number	Years Known

EDUCATIONAL BACKGROUND

School	Location	Course of Study	Years Completed	Degree/Diploma

EMPLOYMENT HISTORY

List your last three (3) employers, assignments, or volunteer activities, starting with the most recent, including military experience.

Dates From To		Name and Address of Employer	Rate of Pay Start Finish		Supervisor's Name Telephone Number	Actual Reason For Leaving

Please state your job title and describe the type of work you performed:

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Applicant's Statement

I understand that any misrepresentation or omission of any material facts by me on this application will be sufficient cause for cancellation of this application or separation from the store's service if I have been employed. I give the store the right to investigate all references and secure additional job-related information about my background. I release from liability the store's owners and its representatives for seeking such information and all other individuals, entities, and organizations from furnishing the information. I understand that any offer of employment may be contingent upon passing any job-related examination or testing (to include drug testing) required by the store. The store is an Equal Opportunity Employer that does not discriminate in employment. No question on this application will be used to limit or excuse any applicant's consideration for employment on a basis prohibited by local, state, or federal law. I understand it is the store's policy not to refuse to hire a qualified individual with a disability because of this individual's need for an accommodation that would be required by local or state laws or the ADA.

Signature of Applicant _____ Date _____