



Application for Employment

Valley West Chevron is an Equal Employment Opportunity Employer and complies with Fair Employment Practices of Title VII of the Civil Rights Acts of 1964 and Anti-Discrimination Laws.

Applicant Information														
Date of Application:														
Full Name:														
Address:														
Phone:				E-mail Address:										
Date Available:				Position Desired:										
Available Full-Time: <input type="checkbox"/>				Available Part-Time: <input type="checkbox"/>				Available Temporarily: <input type="checkbox"/>						
What days and hours are you available to work:														
SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		
Start	End	Start	End	Start	End	Start	End	Start	End	Start	End	Start	End	
If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?				YES <input type="checkbox"/>	NO <input type="checkbox"/>									
Have you ever worked for this company?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?								
If you are under 18, can you furnish a work permit?				YES <input type="checkbox"/>	NO <input type="checkbox"/>									
Were you referred to apply to the Valley West Chevron?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who? Name of Person: _____								

Education

Please list any applicable education you have obtained:

<i>Institution and Address</i>	<i>Years Completed</i>	<i>Did you Graduate?</i>	<i>Major or Degree</i>
1.			
2.			
3.			

References

Please list three professional references:

Full Name:	Relationship:
Address:	Phone:
Occupation and Company:	No. Years Known:
Full Name:	Relationship:
Address:	Phone:
Occupation and Company:	No. Years Known:
Full Name:	Relationship:
Address:	Phone:
Occupation and Company:	No. Years Known:

***Please attach additional sheets or resume if necessary to complete a description of your work experience or to provide any other information you consider important.**

Previous Employment

Company:	Type of Business:		
Address:	Phone:		
Job Title:			
Immediate Supervisor (Name and Title):	Your full name while employed:		
Responsibilities:			
From: To:	Reason for Leaving:		
May we contact your previous supervisor for a reference?		YES	NO

Company:		Type of Business:	
Address:		Phone:	
Job Title:			
Immediate Supervisor (Name and Title):		Your full name while employed:	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Company:		Type of Business:	
Address:		Phone:	
Job Title:			
Immediate Supervisor (Name and Title):		Your full name while employed:	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Additional Information			
Do you speak, write or understand any foreign languages?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, which language(s)?		Describe your level of knowledge: Fluent <input type="checkbox"/> Basic <input type="checkbox"/> Moderate <input type="checkbox"/>	
Have you ever applied or worked for VW Chevron before?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, when?
Do you have any relatives employed by VW Chevron?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, give name and relationship:
Have you ever been discharged from a position?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please explain:
Are you able to perform the Essential Functions and/or Physical Requirements of the job for which you are applying, either with or without accommodation?			YES <input type="checkbox"/> NO <input type="checkbox"/>
If no, describe the functions that cannot be performed:			
<p>Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.</p>			

Please list any active business or professional licenses you may hold that are related to the position you are applying for:

Type of License	Issuing Organization	Licensing No.	Expiration Date	
1.				
2.				
3.				
Has your license/certification ever been revoked or suspended?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain:

What else would you like us to know about your qualifications?

Disclaimer and Signature

I AFFIRM that all of my answers to the questions on this application are true and correct and that I have not knowingly withheld any fact or circumstance. I understand that:

** Information on this application is subject to verification. Any falsification or omission of information submitted on this application will be justification for refusal of employment, or if employed, may result in my discharge.*

** I authorize Valley West Chevron to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Valley West Chevron any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition I release Valley West Chevron, my former employers and other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of such investigation or disclosure.*

** Nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Valley West Chevron. In addition, I understand and agree that if I am employed; my employment is for no definite period and may be terminated at any time, with or without prior notice, at the option of either myself or Valley West Chevron. This "at-will" employment relationship will remain in effect throughout my employment with Valley West Chevron, unless it is modified in writing and signed by me and the company's designated representative.*

Signature:

Date: