



Zoom A Lube
 3 E Hundred Road
 Chester, VA 23836
 (804) 530-5555

Zoom A Lube plus Car Wash
 3006 S Crater Road
 Petersburg, VA 23805
 (804) 431-2050

www.zoomalube.com

Instructions: Email completed application to: info@zoomalube.com
 Or drop off completed application to Zoom A Lube

Application for Employment

(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.

P E R S O N A L	Last Name		First	Middle	Date
	Street Address				Home Phone () -
	City, State, Zip				Business Phone () -
					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? <input type="checkbox"/> Yes <input type="checkbox"/> No
	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

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

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	

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 previous employment and education background.

I understand and agree that if employed, the employment is "at will." I understand that I am required to abide by all rules and regulations of Zoom A Lube.

Signed: _____ Date: _____

Print Name: _____