

TRAIL'S TRAVEL CENTER

Employment Application

Instructions: Please answer all questions. If you cannot answer a question, write "NONE".
Be certain to sign your name at the bottom of the reverse side.

Name (Last, First, Middle)		Social Security Number	Date
Present Street Address		City	State Zip Code
Previous Address (if less than two years at above address)		City	State Zip Code
Home Phone () - () -	Business Phone () - () -	Federal Law prohibits discrimination in employment because of age. Are you 18 or older? Yes No If no, give age	
Can you at the time of employment, submit verification of your legal right to work in the U.S.? Yes No		if you are applying for a Driver's position, are you DOT qualified? Yes No	
For what job(s) are you applying for?		Can you work any shift? Yes No	Starting wage expected?
Are you a party to any non-competition agreements with any former employers? Yes No		If yes, state particulars	

Instructions: Beginning with the last or present employer, list all employers for whom you have worked, either full-time or part-time. Include military service. Account for all periods of employment and time you were attending school full time.

Employment History

1. Employed	Name and Address of Employer	Supervisor's Name and Title	Base Salary or Hourly Rate	Reason for Leaving
From (Mo./Yr.)				
To (Mo./Yr.)	(Area Code) - Phone		Hrs. Per. Wk.	
Job Title & Duties				

2. Employed	Name and Address of Employer	Supervisor's Name and Title	Base Salary or Hourly Rate	Reason for Leaving
From (Mo./Yr.)				
To (Mo./Yr.)	(Area Code) - Phone		Hrs. Per. Wk.	
Job Title & Duties				

3. Employed	Name and Address of Employer	Supervisor's Name and Title	Base Salary or Hourly Rate	Reason for Leaving
From (Mo./Yr.)				
To (Mo./Yr.)	(Area Code) - Phone		Hrs. Per. Wk.	
Job Title & Duties				

4. Employed	Name and Address of Employer	Supervisor's Name and Title	Base Salary or Hourly Rate	Reason for Leaving
From (Mo./Yr.)				
To (Mo./Yr.)	(Area Code) - Phone		Hrs. Per. Wk.	
Job Title & Duties				

5. Employed	Name and Address of Employer	Supervisor's Name and Title	Base Salary or Hourly Rate	Reason for Leaving
From (Mo./Yr.)				
To (Mo./Yr.)	(Area Code) - Phone		Hrs. Per. Wk.	
Job Title & Duties				

If you had any other employers, please list them on an additional sheet of paper.

We are an equal opportunity employer. We do not discriminate on the basis of race, religion, veteran status, color, sex, age, national origin or disability.

Education

Name of School, City and State	Major	Did you Graduate?	Grade Average
High School			
Vocational Schools, Business Schools			
Other			
Colleges or Universities			

List Other Skills, Trades, Training and/or Work Experience that were not mentioned above.

Experience, Skill, Training or Profession	Company, School or Military	No. of Years

Military Service

Have you had any military service in the U.S. Armed Forces? Yes No (A dishonorable or general discharge will not necessarily be a bar to employment. Factors such as seriousness and nature of cause of the discharge and rehabilitation are considered.)
If yes, complete the following two lines.

Branch of Service	What principal duties did you perform while in service and for how long?		
Are you enrolled in Military Reserves?	If yes, circle		Expiration Date of Reserves Status
Yes No	Active Status	Inactive Status	

General Information

How were you referred to this company?		Have you ever applied before to this company?	
		Yes	No
Have you ever been employed by this company or subsidiary?	If yes, list name of company and location	Dates of employment	
Yes No			
Would you accept the position if it required you move to another community?	If driving is an essential function of the job, do you have a valid driver's license?	State	
Yes No	Yes No		
Have you ever been convicted of a felony?	If yes, state particulars		
Yes No			

Additional comments you feel are important to the consideration of your application

I am applying for a position with TRAIL'S TRAVEL CENTER if I am employed, I agree that my employment with the Company is at the will of the Company, which means that the Company has the right to discharge me for any reason or no reason with or without notice. I also understand that I may be terminated or laid off at the discretion of the Company. I expressly agree and understand that this is the entire agreement between the Company and myself on the subject of discharge, termination and/or lay off, and it may be changed only by an agreement in writing, signed by the President of the Company. I agree to conform to the Company rules, and I also agree that I shall be subject to other conditions which the Company may adopt at its sole discretion.

I affirm that the information on this application is true and complete, and that intentional deception herein will result in disqualification or dismissal if employed.

In connection with my application for employment, I understand that as a precondition to obtaining employment at TRAIL'S TRAVEL CENTER I must be drug free.

In connection with my application for employment, I understand that a thorough credit and background check may be made. I hereby authorize any educational institution past or present employer, law enforcement agency or any person who has knowledge of my education, work experience and/or criminal conviction record to release this information to TRAIL'S TRAVEL CENTER, or its agents. I hereby release all persons from liability as a result of providing true, accurate information.

I have read and/or had explained to me the job description and corresponding physical and mental requirements of the position for which I am applying. I can perform all essential job duties _____ (Yes/No). If No, I can perform all essential job duties except: _____

I am requesting the following accommodation: _____

Applicant's Signature	Date
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Note: Depending on the position, the applicant may be required to undergo a post-offer medical examination and/or inquiry.