

# IGNITE PACIFIC, INC.

Corporate Address:  
160 W. Foothill Pkwy, Ste. 47  
Corona, CA 92882

OPERATIONS MANAGER: KEVIN TRAVIS  
PHONE NUMBER: 951-415-1455  
EMAIL: [KEVIN@IGNITEFUELING.COM](mailto:KEVIN@IGNITEFUELING.COM)

## APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Please complete all requested information. Resumes will not be accepted in place of completed application.

Date of Application: \_\_\_\_\_ D.O. B \_\_\_\_\_

Name:

(First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Present Street Address: \_\_\_\_\_

Length of Time at Present Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

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### STATEMENT & AUTHORIZATION TO RELEASE INFORMATION PLEASE READ THIS STATEMENT CAREFULLY BEFORE YOU COMPLETE THIS APPLICATION

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The Company, in conceding my application for employment or any subsequent changes such as promotion or transfer, may verify the information set forth on this application and obtain additional relating to my background. I authorize all persons, school, companies, corporation, credit bureaus, government agencies and medical personnel to supply any information concerning by background which may include, but is not limited to, criminal, credit and driver's license, provided state law permits and where such inquiries are job related. I further agree to submit to alcohol and or drug screening test. If requested of me, at any time prior to, or during my employment in accordance with the Law. I understand that no one, other than the Company's President, in writing, has any authority to enter into an employment agreement with me, which differs from the term contained herein, and that my employment can be terminated at will and not contractual.

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Have you ever worked for Conoco Phillips, 76, Wetzel's Pretzels, etc., or any of its licenses? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, month and year \_\_\_\_\_ Location(s) \_\_\_\_\_

Have you ever been known by any other name(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what was the name? \_\_\_\_\_

Do you have any relatives working for Conoco Phillips Companies or any other licenses? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, answer the following:

Name \_\_\_\_\_ Position \_\_\_\_\_ Relationship \_\_\_\_\_

Only those U.S. Citizens or aliens who have a legal right to work in the United States are eligible for employment.  
Can you, upon employment, submit documentation verifying your legal right to work in the United States and your identity? Yes \_\_\_\_\_ No \_\_\_\_\_

In case of emergency, notify the following person:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

DO NOT ANSWER THE FOLLOWING QUESTION IF YOUR STATE PROHIBITS SUCH DISCLOSURE. A record or conviction does not necessarily disqualify you from employment consideration. Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list only conviction(s) and date(s): \_\_\_\_\_

**We have different positions to be fulfilled. Please circle one or all:**

**A. GAS STATION/C-STORE**

**B. WETZEL'S PRETZELS**

**C. CARWASH**

Position for which you are applying: \_\_\_\_\_ Starting hourly rate required: \_\_\_\_\_

Date available to begin work: \_\_\_\_\_

Mark one: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Temporary \_\_\_\_\_

Are you at least 21 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

We operate all of our stores 24 hours a day, seven days a week, 365 days a year, including holidays. Are you willing to work any day, shift or hour assigned by your supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you received the job description/specifications for the position for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you understand these requirements? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you work overtime if directed to do so? Yes \_\_\_\_\_ No \_\_\_\_\_

If you did not graduate from High School, circle last year completed in school: 5 6 7 8 9 10 11

Name and Location of school(s) attended:

Graduate? (Yes/No)	Type of Degree Awarded	Major area of Study
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High School _____	_____	_____
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College _____	_____	_____
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List any other education, specialized training, skills, certificates or licenses you have that relate to this job:

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Please list ALL JOBS you have held for the past five years, beginning with your present or most recent employer. Account for ALL time periods, including UNEMPLOYMENT, SELF-EMPLOYMENT, SCHOOL AND U.S. MILITARY SERVICE.

1. Company Name (or period of unemployment)

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Reason for Leaving \_\_\_\_\_

City, State: \_\_\_\_\_ Employment (Month & Year) From \_\_\_\_\_ To \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Telephone: \_\_\_\_\_

Weekly or Monthly Salary: Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Position Held \_\_\_\_\_ Eligible for Re-employment? Yes \_\_\_\_\_ No \_\_\_\_\_

May we contact this employer for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Company Name (or period of unemployment) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

City, State: \_\_\_\_\_ Employment (Month & Year) From \_\_\_\_\_ To \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Telephone: \_\_\_\_\_

Weekly or Monthly Salary: Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Position Held \_\_\_\_\_ Eligible for Re-employment? Yes \_\_\_\_\_ No \_\_\_\_\_

May we contact this employer for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Company Name (or period of unemployment) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

City, State: \_\_\_\_\_ Employment (Month & Year) From \_\_\_\_\_ To \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Telephone: \_\_\_\_\_

Weekly or Monthly Salary: Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Position Held \_\_\_\_\_ Eligible for Re-employment? Yes \_\_\_\_\_ No \_\_\_\_\_

May we contact this employer for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

**{{IF MORE SPACE IS NEEDED FOR EMPLOYMENT HISTORY, PLEASE ATTACH AN ADDITIONAL SHEET}}**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_