



WEST SIDE SERVICE CENTER

Employment Application

DATE: \_\_\_\_\_

PERSONAL INFORMATION

(Mr./Ms./Mrs.) Name: \_\_\_\_\_  
Last First Middle Initial(s)

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

Email Address: \_\_\_\_\_ Contact Number(s): \_\_\_\_\_

Gender: Male ( ) Female ( ) Age: 18 – 30 yrs. ( ) 31 – 45 yrs. ( ) 46 – 60 yrs. ( ) 60 + yrs. ( )

Are you eligible to work in St. Kitts & Nevis? Yes ( ) No ( ) Are you currently employed? Yes ( ) No ( )

What type of employment are you seeking? Part-time ( ) Full-time ( )

If yes and you are seeking full-time employment, why do you want to leave your current employer? \_\_\_\_\_

What position are you applying for? Gas Attendant ( ) Cashier ( ) Shift Supervisor ( ) Gas Station Manager ( )

When would you be available to begin work? \_\_\_\_\_

Kindly indicate your available hours for work:

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM							
TO							

Would you be available to work overtime if necessary? Yes ( ) No ( )

Have you ever worked for this company or any subsidiary or entity of Hobson Enterprises Ltd. before? Yes ( ) No ( )

If yes, Where? \_\_\_\_\_ When? \_\_\_\_\_ Job Title: \_\_\_\_\_  
Please give dates

Have you ever worked for any other company that would be considered competition, in conflict with, or a threat to Hobson Enterprises? Yes ( ) No ( )

If yes, Where? \_\_\_\_\_ When? \_\_\_\_\_ Job Title: \_\_\_\_\_  
Please give dates

Do you have any relatives or friends who work for this company or any subsidiary or entity of Hobson Enterprises Ltd.? Yes ( ) No ( )

If yes, who are they and where do they work? \_\_\_\_\_

Do you have any physical or non-physical health constraints that may prohibit you from completing your day-to-day tasks? Yes ( ) No ( )

If yes, what are they? \_\_\_\_\_

Are you able to lift up to 25lbs in repeated actions? Yes ( ) No ( )

Have you ever been charged, arrested or convicted of a crime? Yes ( ) No ( )  
(Please note that a police record must be presented prior to the start of employment.)

Are you a licensed driver? Yes ( ) No ( ) If yes, what class? \_\_\_\_\_

Do you have any special skills that would enhance your ability to perform the position applied for? Yes ( ) No ( )

If yes, explain. \_\_\_\_\_

EDUCATIONAL BACKGROUND

Please indicate your year of completion or the expected completion year in the space(s) provided.

Name	Address	Completed	Diploma, Certification(s) or Degree Received
High School		Yes ( ) No ( ) _____	
Tertiary, Vocational or Trade School		Yes ( ) No ( ) _____	
College		Yes ( ) No ( ) _____	
Other		Yes ( ) No ( ) _____	

Have you completed any special courses, seminars and/or training directly related to the position for which you are applying for? Yes ( ) No ( )

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

EMPLOYMENT HISTORY

Please start with the most recent place of employment.

Name of Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Employed From: \_\_\_\_\_ Employed To: \_\_\_\_\_

Position(s) Held	Brief Description of Duties	Supervisor’s Name

Reason for Leaving (if applicable): \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Employed From: \_\_\_\_\_ Employed To: \_\_\_\_\_

Position(s) Held	Brief Description of Duties	Supervisor’s Name

--	--	--

Reason for Leaving (if applicable): \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Employed From: \_\_\_\_\_ Employed To: \_\_\_\_\_

Position(s) Held	Brief Description of Duties	Supervisor's Name

Reason for Leaving (if applicable): \_\_\_\_\_

Have you ever been discharged or asked to resign from a job? Yes ( ) No ( )

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REFERENCES

Please give the names of three persons not related to you, whom you have known for at least 5 years.

Reference 1

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Years Known: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reference 2

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Years Known: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reference 3

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Years Known: \_\_\_\_\_ Phone Number: \_\_\_\_\_

DECLARATION

Carefully read and initial each section then sign at the bottom.

I certify that the answers given herein are true and complete to the best of my knowledge and that no requested information has been concealed. I authorise West Side Service Center to investigate all statements contained in this application, with the exception of contacting my present employer. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

I have read, understand, and agree to the above statement \_\_\_\_\_

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for West Side Service Center to hire me. If I am hired, I understand that I will be required to work on a rotated shift schedule and that West Side Service Center can terminate my employment at any time and for any reason, with or without cause and without prior notice.

I have read, understand, and agree to the above statement \_\_\_\_\_

I understand that continued employment will depend upon the successful completion of work assigned to me during a new hire period of up to ninety (90) days and upon my continued successful performance.

I have read, understand, and agree to the above statement \_\_\_\_\_

I authorise the references listed above to give representative of West Side Service Center any and all information concerning my previous or current employment and any pertinent information they may have, personal or otherwise, and release all parties from any and all liability, from any damage that may result.

I have read, understand, and agree to the above statement \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

OFFICIAL USE ONLY

Applicant Shortlisted: Yes ( ) No ( ) Comments: \_\_\_\_\_

Applicant Contacted for Interview: Yes ( ) No ( )

Interview Date: \_\_\_\_\_ Interviewed By: \_\_\_\_\_

Second Interview: Yes ( ) No ( ) Comments: \_\_\_\_\_

Interview Date: \_\_\_\_\_ Interviewed By: \_\_\_\_\_

Successful Candidate: Yes ( ) No ( ) Comments: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Compensation: \$\_\_\_\_\_ per \_\_\_\_\_.