

KAYKEL INVESTMENT PROPERTIES INC.

4350 GREEN RIVER RD CORONA, CA 92878

PLEASE CONTACT

OPERATIONS SUPERVISOR: SANNY CHAO

PHONE NUMBER: 562-852-4240

Email: Fuelupfueling@gmail.com

APPLICATION FOR EMPLOYMENT

And equal Opportunity Employer

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

Date of Application: _____ DOB: _____

Last name _____ First Name _____ Middle Name _____

Email Address: _____

Present street Address: (City, County, State and zip Code) Length of time at Present Address: _____ Phone No: _____

Previous Address: (Street, City, County, State, Zip Code and Phone No) _____

STATEMENT & AUTHORIZATION TO RELEASE INFORMATION

PLEASE READ THIS STATEMENT CAREFULLY BEFORE YOU COMPLETE THIS APPLICATION

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.

Have you ever worked for Conoco Phillips 76, Wetzels Pretzels, Carwash bays ETC. or any of its licenses? Yes ___ No ___ if yes, month, year _____ Location _____

Have you even been known by other name? Yes ___ No ___

If yes, what was the name? _____

Do you have any relatives working for Conoco Phillips 76 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 United State are eligible for employment. Can you, upon employment submit documentation verifying your legal to work in the United States and your identity? Yes ___ No ___

In case of emergency, notify the following person: Name _____

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) _____

Application for Employment

Position for which you are applying: _____ Starting hourly rate required: _____ Date Available for Work: _____

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 day a year includes Holidays. Are you willing to work any day, shift or hour assigned by you 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 Mayor area of Study

High School _____

College _____

List any other education, specialized training? Skills, or certificates? Licenses that you might have that relate to this job.

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

1. Company Name (or period of unemployment) _____ Telephone: _____

Reason for Leaving _____

Address: _____ Employment (Month & Year) From _____ To _____

Name of supervisor _____ Weekly or Monthly Salary Start _____ End _____

Position Held _____ Eligible for Reemployment Yes ___ No ___

May we contact this employer for a reference? Yes ___ No ___

2. Company Name (or period of unemployment) _____ Telephone: _____

Reason for Leaving _____

Address: _____ Employment (Month & Year) From _____ To _____

Name of supervisor _____ Weekly or Monthly Salary Start _____ End _____

Position Held _____ Eligible for Reemployment Yes ___ No ___

May we contact this employer for a reference? Yes ___ No ___

3. Company Name (or period of unemployment) _____ Telephone: _____

Reason for Leaving _____

Address: _____ Employment (Month & Year) From _____ To _____

Name of supervisor _____ Weekly or Monthly Salary Start _____ End _____

Position Held _____ Eligible for Reemployment Yes ___ No ___

May we contact this employer for a reference? Yes ___ No ___

4. Company Name (or period of unemployment) _____ Telephone: _____

Reason for Leaving _____

Address: _____ Employment (Month & Year) From _____ To _____

Name of supervisor _____ Weekly or Monthly Salary Start _____ End _____

Position Held _____ Eligible for Reemployment Yes ___ No ___

May we contact this employer for a reference? Yes ___ No ___

5. Company Name (or period of unemployment) _____ Telephone: _____

Reason for Leaving _____

Address: _____ Employment (Month & Year) From _____ To _____

Name of supervisor _____ Weekly or Monthly Salary Start _____ End _____

Position Held _____ Eligible for Reemployment Yes ___ No ___

May we contact this employer for a reference? Yes ___ No ___

Signature of Applicant: _____ Date: _____