

## Employment Application

### APPLICATION INSTRUCTIONS

1. Please read "APPLICANT NOTE".
2. Complete both pages of this form.
3. If more space is needed, use comment section on the last page.
4. Print clearly; incomplete or illegible applications will not be processed.
5. Attached is an EEO Data form.

This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. This information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

DATE:	_____		
NAME:	LAST	FIRST	M.I.
	_____	_____	_____
SS#:	_____		
PHONE:	_____		
ADDRESS:	_____		

### APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the applicant process, or if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, color, religion, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment.

### AVAILABILITY

For which position are you applying? \_\_\_\_\_

What date can you start? \_\_\_\_\_

What category would you prefer?  Full-time  Part-time  Temporary

What days and hours are you available to work? \_\_\_\_\_

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

### EDUCATION

Please circle the highest grade completed. 7 8 9 10 11 12 13 14 15 16+

NAME	CITY/STATE	YRS. COMPL.	GRADUATE?	DEGREE/DIPLOMA
HIGH SCHOOL				
COLLEGE				
OTHER				

### SECURITY

List the states and countries of residence for the past seven years: \_\_\_\_\_

Yes  No

Have you used any names or Social Security Numbers other than those on this page?

If so, please list in comment section.

Yes  No

Have you been convicted of a felony and/or served time in the last seven years?

If so, please describe below. (In accordance with company policy, this information will be reviewed for job relatedness and time since last conviction.)

INCIDENT	CITY/STATE	CHARGE

Are you a U.S. Citizen or otherwise authorized to work in the U.S. on an unrestricted basis?

Yes  No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to work in the country?

Yes  No

# ALL-POINTS PETROLEUM

PETROLEUM PRODUCTS & EQUIPMENT

"Supplying All Points of your Petroleum Products & Equipment Needs"

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### JOB-RELATED SKILLS

NOTE: Do not fill out any part of this section that you feel is not job related.

List any languages in which you are fluent \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No

If the job requires, do you have the appropriate valid drivers license?

DL# \_\_\_\_\_

Type \_\_\_\_\_

State of Issue \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No

Have you had any moving violations? Please describe \_\_\_\_\_

Please list any other skills, licenses or certificates that may be job related or that you feel would be of value to this job or company:

\_\_\_\_ Yes \_\_\_\_ No

Have you been given a job description or had the requirements of the job explained to you?

\_\_\_\_ Yes \_\_\_\_ No

Do you understand these requirements?

\_\_\_\_ Yes \_\_\_\_ No

Can you perform the requirements of this job with reasonable accommodation?

### MOST RECENT EMPLOYER

\_\_\_\_ Yes \_\_\_\_ No

Are you currently working for this employer?

\_\_\_\_ Yes \_\_\_\_ No

If yes, may we contact?

COMPANY NAME _____		CITY & STATE _____	PHONE _____
FROM _____	TO _____		
DATES EMPLOYED _____		JOB TITLE _____	SUPERVISOR NAME _____
DUTIES _____			
SALARY _____	PER _____	(HOUR/WEEK/MONTH) _____	REASON FOR LEAVING _____

### SECOND MOST RECENT EMPLOYER

COMPANY NAME _____		CITY & STATE _____	PHONE _____
FROM _____	TO _____		
DATES EMPLOYED _____		JOB TITLE _____	SUPERVISOR NAME _____
DUTIES _____			
SALARY _____	PER _____	(HOUR/WEEK/MONTH) _____	REASON FOR LEAVING _____

### THIRD MOST RECENT EMPLOYER

COMPANY NAME _____		CITY & STATE _____	PHONE _____
FROM _____	TO _____		
DATES EMPLOYED _____		JOB TITLE _____	SUPERVISOR NAME _____
DUTIES _____			
SALARY _____	PER _____	(HOUR/WEEK/MONTH) _____	REASON FOR LEAVING _____

# ALL-POINTS PETROLEUM

PETROLEUM PRODUCTS & EQUIPMENT

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### REFERENCES

INCLUDE ONLY INDIVIDUALS FAMILIAR WITH YOUR WORK ABILITY. DO NOT INCLUDE RELATIVES.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		

### COMMENTS

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### CERTIFICATION & RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by the forgoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment.

I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damages whatsoever for issuing information.

I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug tests to detect the use of illegal drugs prior to and during employment.

I understand that I am responsible for being familiar with the Company's policies, rules and regulations, and I understand that the Company has complete discretion to modify its policies, rules, regulations and practices at any time, to the extent permitted by federal, state and local law, except that it will not modify its policy of employment at will. By my continued employment with the Company, I consent to any such changes.

I agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the Company, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the Company, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association.

I understand that employment with this Company is "at will" which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of the Company, other than the President, has any authority to alter the forgoing.

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I make a check by the statement below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the statement below.

I waive receipt of a copy of any public record described in the paragraph above.

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

Applicant's Signature: \_\_\_\_\_