

# CONSUMER OIL APPLICATION FOR EMPLOYMENT

(Answer all questions – please print.)

First Name	Middle Name	Last Name	Social Security Number
Present Address		City	State, Zip
Permanent Address		City	State, Zip
Cell Phone Number	Work Phone Number	Email Address	
Are you 18 Years or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legal to work in the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1. Are You Employed Now?	<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If answered YES to #1 or #2, Please explain:			

## DESIRED EMPLOYMENT

Position	Date you can start	Desired Salary
Have you ever applied here? <input type="checkbox"/> Yes <input type="checkbox"/> No	What position?	When?
Have you ever worked here? <input type="checkbox"/> Yes <input type="checkbox"/> No	What position?	When?
Who referred you to this company? <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Internet Ad <input type="checkbox"/> Walk-In <input type="checkbox"/> Employee		

## EDUCATION

Type of School	Name & Location of School	No. of Years Attended	Graduation Date	Major
High School				
College				
Trade/Business School				

## PROFESSIONAL REFERENCES

Name	Address	Business Relationship	Years Known	Phone Number

## EMPLOYMENT HISTROY

Present or Last Employer		
Company Name	From: Mo.      Yr.	To: Mo.      Yr.
Address	Phone Number	
Title	Salary/Wage	
Name of Supervisor	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties		
Reason for Leaving		

Previous Employer		
Company Name	From: Mo.      Yr.	To: Mo.      Yr.
Address	Phone Number	
Title	Salary/Wage	
Name of Supervisor	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties		
Reason for Leaving		

Previous Employer		
Company Name	From: Mo.      Yr.	To: Mo.      Yr.
Address	Phone Number	
Title	Salary/Wage	
Name of Supervisor	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties		
Reason for Leaving		

Previous Employer		
Company Name	From: Mo.      Yr.	To: Mo.      Yr.
Address	Phone Number	
Title	Salary/Wage	
Name of Supervisor	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties		
Reason for Leaving		

## GENERAL

Special Training:
Special Skills/Certificates:
US Military or Naval Service & Rank:
Driver's License Number & State Issued:

## AUTHORIZATION

### TO BE READ AND SIGNED BY APPLICANT

"I certify that I completed this three page application and that all entries on it and information in it are true and completed to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal."

In connection with my application for employment, I understand and agree that background inquired may be requested by the company in seek information as to my character, work habits, including oral assessments of my job performance, experiences, and abilities; along with, reasons for termination of past employment. Furthermore, I understand and agree that the company may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background, and other past experiences. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other federal and state laws.

I acknowledge receiving the **A Summary of Your Rights under the Fair Credit Reporting Act.**

I authorize investigations and inquiries of all statements contained herein and references and employers listed above to give you any and all information concerning my pervious employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county, and local agencies and authorities.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the company to hire me. If I am hired, I understand that, Consumers Oil or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the company has the authority to make any assurance to the contrary.

I understand also, that I am required to abide by all rule and regulations of the company.

\_\_\_\_\_  
Date

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

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE

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### **Consumers Oil is an Equal Opportunity Employer**

*In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, citizen status, age, marital status, physical or mental disability, military status, or unfavorable discharge from the military service.*