# STATE OIL FUEL CENTER

## Read entire Application Statement before signing. No interview will be given if entire application is not filled out.

### APPLICATION FOR EMPLOYMENT

Please complete this personal data sheet. If employed, this becomes a part of your permanent record. Nothing contained in this application is intended to require you to disclose any protected characteristics such as age, race, national origin, gender, disability, veteran status and the like. If you feel that such a disclosure is required by any question asked you may elect not to answer that question.

Hire Date	/ /	I	Employee Number _		Clock I	Number		Termina	tion Date	/
Date/	/	Name								
			LAST		FIRST				DDLE	
Address	CTDEET		CITY		STATE	ZI	D	How long h	ave you lived a	at this address?
T 1 1 " /				)			r			
Telephone # (	)	. 1	TT 1: 1 0: 0	Mobile/Pa	ger # ()			·	,	a
Are you legally	eligibl	e to work in the	e United States?				Drivers License #			State
Single		M:	arried		# of Children_					
Spouse's Empl	oyer	1: 6 0.37	/ > Y Y C 1		How Lo	ong			D 1	
								Relationship:		
Have you ever	been co	invicted of a cri	me? Comm	ents:	1	**		1: 1		2
			th us before? Yes /							
			itments to another	employer o	r organization v	vhich mi	ght	affect your wo	rk schedule wi	th us? Yes / No
_			G 1							
		1 7 1	Salary Desired		Date you can start year. Indicate desired work schedule. Specify hours and days available.					
	24 hours									
Sunday		Monday	Tuesda	У	Wednesday		Thu	ırsday	Friday	Saturday
Employment H	<u>istory</u>		<u> </u>				_		uns o Monu	hs 1 Year Othe
Start date E	nd date	Company	Phone	#	Start date	End date	•	Company		Phone #
Position		Address			Position	Position		Address		
Supervisor Reasons for leaving			Supervisor	Supervisor		Reasons for leaving				
Starting Salary	tarting Salary Ending Salary May		May we contact for refe	or reference? Starting		y E		nding Salary May we contact for		or reference?
Start date E	End date Company		Phone	#	Start date	End date	,	Company		Phone #
Position Address			Position	Position		Address				
Supervisor Reasons for leaving			Supervisor			Reasons for leaving				
Starting Salary Ending Salary May we co		May we contact for refe		Starting Salar			ding Salary	May we contact for	or reference?	
How many days Please describe:	have yo	u been late to wo	ork within the last yeark within the last year	r other than	approved vacatio					

#### **Educational Background**

Name and Location	Number of years completed	Did you graduate	Course of study
High School			
College			
Other			

#### References (Do not list relatives)

Name	Telephone #	Number of years known

#### Family- Two Nearest Relatives

NAME	PHONE #	RELATIONSHIP	ADDRESS
1.			
2.			

#### APPLICANT STATEMENT

- I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.
- I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (I) cancel further consideration of this applicant, or (ii) immediately discharge me from the employer's service, whenever it is disclosed.
- I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in the application, resume, or job interview. I hereby waive any and all rights and claim I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furthering such information about me.
- I understand that this application remains current for 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.
- I certify that I have read and fully completed this application and that this information is true and correct. Any misrepresentation or omission of facts asked about is reason for immediate dismissal no matter when discovered by SOFC. I understand that SOFC reserves the right to administer a polygraph exam according to the guidelines of the Employee Polygraph Protection Act.
- I understand and agree that if employed, the employment will be "at will". That is either I or SOFC may end the employment relationship at any time, for any reason, or for no reason. I also acknowledge that SOFC reserves the right to amend or modify the policies in its handbook or other SOFC policies at any time, without prior notice, and agree that I am bound by these including SOFC's anti-harassment policy.

I understand that a complete drug screen and a negative result will be required of me before employment will take effect. I also understand I must be employed for a period of at least 60 days are the drug screen fee will be deducted from my payroll check.

for a period of at least 60 days are the drug screen fee will be deducted from my payroll check. I understand that before a period of 30 days, the Employer will set up an appointment for me to attend a alcohol server class at my expense.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICATION STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

IF APPLICATION IS NOT COMPLETELY FILLED OUT, NO INTERVIEW WILL BE SCHEDULED.

Signature of Applicant		Date	/	/	
8 11	WE ARE AN FOUAL OPPORTUNITY EMPLOYER				_