

# APPLICATION FOR EMPLOYMENT

**OUR COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER. WE DO NOT DISCRIMINATE IN HIRING BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, OR HANDICAPS.**

|  |  |  |                           |   |            |  |  |                         |
|--|--|--|---------------------------|---|------------|--|--|-------------------------|
|  |  |  |                           |   |            | Date   |  |                         |
| Name (Last) (First) (Middle)   |  |  | Social Security No.       |   |            | Are you Under the age of 18? Yes <input type="checkbox"/> No <input type="checkbox"/>        |  |                         |
| For checking prior records, provide other names under which you have worked.   |  |  | Drivers License No.       |   |            | Telephone (Area Code)  |  |                         |
| Present Address (No. & Street) (City) (State) (Zip)  |  |  | Business or Message Phone |   |            |  |  |                         |
| How long at present address?   |  | Type of position desired   |                           |   |            |  |  |                         |
| I am available for employment on a<br><input type="checkbox"/> Temporary Basis <input type="checkbox"/> Permanent Basis  |  | I am available<br><input type="checkbox"/> Part Time   |                           | Specify Hours                               |            | I am available<br><input type="checkbox"/> Full Time   | Specify Shift<br><input type="checkbox"/> Day Shift<br><input type="checkbox"/> Evening Shift<br><input type="checkbox"/> Midnight Shift |                         |
| How were you referred to us?<br><input type="checkbox"/> Agency <input type="checkbox"/> Newspaper <input type="checkbox"/> Employee <input type="checkbox"/> Other                                      |  | (Indicate name of agency, paper, employees, etc.)  |                           |   |            |  |  |                         |
| Have you ever been convicted of a felony or other crime of dishonesty or breach of trust or damages to the person or property of others?<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO |  | If yes, give dates and explanation (Conviction does not automatically exclude you from consideration for employment and you will be given the opportunity to explain any convictions).<br><br>_____<br><br>_____ |                           |   |            |  |  |                         |
| Have you ever worked for Ports Petroleum Co., Inc. DBA Fuel Mart or Tobacco Town?<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  | If yes, please list dates of employment and reason for leaving:<br><br>_____<br><br>_____  |                           |   |            |  |  |                         |
| In case of emergency notify: Name  |  |  | Address                   |   |            | Phone No.  |  |                         |
| <b>EDUCATION</b> Circle Last Grade Completed:    6    7    8    9    10    11    12  |  |  |                           |   |            | Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No                   |  |                         |
| Name of High School  |  | Location   |                           | Ph. No.                                     |            | If not, have you passed a GED test? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                         |
| Name and Location of Colleges or Trade Schools Attended  |  | Phone  |                           | Credits Completed<br>Sem Units    Qtr Units |            | Major Subject or Course  | Units Completed in Major   | Degrees or Certificates |
|  |  |  |                           |   |            |  |  |                         |
|  |  |  |                           |   |            |  |  |                         |
|  |  |  |                           |   |            |  |  |                         |
| <b>REFERENCES:</b> Give below the names of three persons not related to you, whom you have known at least one year.  |  |  |                           |   |            |  |  |                         |
| Name   |  | Address/Phone Number   |                           |   | Occupation |  | Years Acquainted   |                         |
| 1.   |  |  |                           |   |            |  |  |                         |
| 2.   |  |  |                           |   |            |  |  |                         |
| 3.   |  |  |                           |   |            |  |  |                         |

**EXPERIENCE** Begin with your most recent job. List all jobs and any periods of unemployment, in the last ten years include military service. Also, list any other jobs which relate to the duties of the job for which you are applying.

|                           |                        |   |       |               |
|---------------------------|------------------------|---|-------|---------------|
| Name of Employer          | Phone Number<br>(    ) | Job Title   |       |               |
| Address (No. & Street)    | (City)                 | (State)   | (Zip) | Date Started: |
| Date Ended:               |                        |   |       |               |
| Describe Work Performed   |                        |   |       |               |
| Supervisor's Name & Title |                        | May we contact now?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |       | Base Pay Only |
| Name of Employer          | Phone Number<br>(    ) | Job Title   |       |               |
| Address (No. & Street)    | (City)                 | (State)   | (Zip) | Date Started: |
| Date Ended:               |                        |   |       |               |
| Describe Work Performed   |                        |   |       |               |
| Supervisor's Name & Title |                        | May we contact now?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |       | Base Pay Only |
| Name of Employer          | Phone Number<br>(    ) | Job Title   |       |               |
| Address (No. & Street)    | (City)                 | (State)   | (Zip) | Date Started: |
| Date Ended:               |                        |   |       |               |
| Describe Work Performed   |                        |   |       |               |
| Supervisor's Name & Title |                        | May we contact now?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |       | Base Pay Only |
| Name of Employer          | Phone Number<br>(    ) | Job Title   |       |               |
| Address (No. & Street)    | (City)                 | (State)   | (Zip) | Date Started: |
| Date Ended:               |                        |   |       |               |
| Describe Work Performed   |                        |   |       |               |
| Supervisor's Name & Title |                        | May we contact now?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |       | Base Pay Only |

I authorize investigation of all statements contained in this application for employment. I understand that misrepresentation or omission of facts called for hereon will be sufficient cause for cancellation of consideration for employment or dismissal from the company's service if I have been employed.

I agree that his company and my previous employers shall not be held liable in any respect if any employment offer is not tendered, is withdrawn or my employment is terminated due to falsity of the statements and the answers in this application form. If I am employed, I understand that additional personal data will be required for determination of benefit eligibility and for statistical purposes.

I am advised that in compliance with the *Fair Credit Reporting Act* a routine investigation may be made concerning my character, general reputation, personal characteristics, and mode of living. I have the right to make a written request within a reasonable period of time, for a summary disclosure of the nature and scope of the investigation.

**I hereby acknowledge that I have read the above statement and understand it.**

Signature (Acknowledgment)

Date