

APPLICATION FOR EMPLOYMENT

PERSONAL	LAST NAME		FIRST	MIDDLE	DATE	
	STREET ADDRESS				HOME PHONE	
	CITY, STATE, ZIP			SOCIAL SECURITY NO.	BUSINESS PHONE	
	HAVE YOU APPLIED FOR EMPLOYMENT WITH US BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>			IF YES, MONTH AND YEAR	LOCATION	
	ARE YOU 18 YEARS OLD OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>		POSITION DESIRED		DATE YOU CAN START	PAY DESIRED
	ARE YOU EMPLOYED NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>			
	REASON FOR LEAVING?					

EDUCATION	SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	YRS. ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
	HIGH SCHOOL				
	COLLEGE				
	TRADE, SPECIAL TRAINING SKILLS				

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

REFEREES	NAME	ADDRESS	BUSINESS	PHONE #
	1			
	2			
	3			

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION.)

PLEASE COMPLETE REVERSE SIDE...

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS 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 ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

I AUTHORIZE C.E. TAYLOR OIL, INC., TO INVESTIGATE ANY FACTS, OR OBTAIN REPORTS REGARDING THIS APPLICATION WITH THE CREDIT BUREAU OR OTHER AGENCIES.