



# APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

TO APPLICANT: The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals as well as discrimination on the basis of a physical or mental disability. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry or marital status.

**PERSONAL** (Please Print)

Date \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Present Address \_\_\_\_\_

No.

Street

City

State

Zip

Telephone Number \_\_\_\_\_

Position applying for \_\_\_\_\_

Full Time

Part Time

Have you worked for us before? \_\_\_\_\_

If YES, when? \_\_\_\_\_

How did you hear about this job? \_\_\_\_\_

Site or Person? \_\_\_\_\_

Education	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree
High School					
College					
Other (Specify)					

1. Can you, upon employment, provide verification of your legal eligibility to work in the United States?  Yes  No

2. Are you over 21? (If NO, Applicant is subject to minimum legal age verification)  Yes  No

3. Have you ever been bonded?  Yes  No  
If YES, list jobs \_\_\_\_\_

4. Have you been convicted of a crime within the past ten years (excluding misdemeanors, traffic offenses, and marijuana-related offenses that are more than 2 years old)?  Yes  No

If YES, list convictions \_\_\_\_\_

(NOTE: Conviction of a felony or misdemeanor will not necessarily be a bar to employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account)

5. Can you perform the listed duties, with or without accommodation?  Yes  No  
(Applicants will not automatically be disqualified if they require accommodation.)

If the answer to the above question is NO, please identify the duties which you are unable to perform:

If any of the duties set forth in the attached job description may be performed only with accommodation, please indicate which duties, how you would perform those duties, and what accommodation(s) you will need.

6. Do you have any friends or relatives working for Jaco Oil or any of its subsidiary companies?  Yes  No

Name \_\_\_\_\_

Relationship \_\_\_\_\_

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M  
P  
L  
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Y  
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Y

Please give an accurate and complete employment record of 10 years, beginning with your most recent employer. Include any U.S. Military service.

1. FROM: MO YR	Employer Name	Telephone	Supervisor	Starting Salary \$
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TO: MO YR	Address	Reason for leaving:	Ending Salary \$
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Position and Duties:

2. FROM: MO YR	Employer Name	Telephone	Supervisor	Starting Salary \$
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TO: MO YR	Address	Reason for leaving:	Ending Salary \$
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Position and Duties:

3. FROM: MO YR	Employer Name	Telephone	Supervisor	Starting Salary \$
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TO: MO YR	Address	Reason for leaving:	Ending Salary \$
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Position and Duties:

4. FROM: MO YR	Employer Name	Telephone	Supervisor	Starting Salary \$
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TO: MO YR	Address	Reason for leaving:	Ending Salary \$
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Position and Duties:

5. FROM: MO YR	Employer Name	Telephone	Supervisor	Starting Salary \$
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TO: MO YR	Address	Reason for leaving:	Ending Salary \$
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Position and Duties:

6. FROM: MO YR	Employer Name	Telephone	Supervisor	Starting Salary \$
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TO: MO YR	Address	Reason for leaving:	Ending Salary \$
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Position and Duties:

7. FROM: MO YR	Employer Name	Telephone	Supervisor	Starting Salary \$
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TO: MO YR	Address	Reason for leaving:	Ending Salary \$
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Position and Duties:

Also indicate use of any other name, if necessary, for verification of education or work history:

**Commercial Driver Applicant ONLY Complete this section**

**ACCIDENT RECORD** (for past 3 years or more)

	Dates	Nature of Accident (Head-On, Rear-End, Etc.)	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				

**TRAFFIC CONVICTIONS AND FORFEITURES** (for the past 3 years other than Parking Violations)

Location	Date	Charge	Penalty

**EXPERIENCE AND QUALIFICATIONS**

**LICENSES**

State	License No.	Type	Expiration Date

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

B. Has any license, permit, or privilege ever been suspended or revoked? Yes No

**IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING DETAILS:**

**DRIVING EXPERIENCE**

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. # of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Two Trailers				
Other				

List states operated in for last 5 years \_\_\_\_\_

Show special courses or training that will help you as a driver:

\_\_\_\_\_

Which safe driving awards do you hold? From whom?

\_\_\_\_\_

**All applicants: Continue to fill out application.**

**AVAILABILITY STATUS RECORD**

My current availability for employment is:

- Full Time (32+ hours per week)                       Part-Time Only

Explained below are circumstances, including other employment, that will limit my hours of availability to work.

\_\_\_\_\_

I am available and can be scheduled to work during the days and hours indicated below.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Morning</b>							
<b>Afternoon</b>							
<b>Evening</b>							

I acknowledge that employer rules and policies require an updated Availability Status Record to be completed to reflect any future changes. Accordingly, I understand and agree that it is my responsibility to inform my employer, in writing, of any changes to my availability. \_\_\_\_\_ (initial)

**References**

List below three persons **not related to you** who have knowledge of your work performance within the last three years.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ ( \_\_\_\_\_ ) Telephone No. \_\_\_\_\_

Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ No. of Years Acquainted \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ ( \_\_\_\_\_ ) Telephone No. \_\_\_\_\_

Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ No. of Years Acquainted \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ ( \_\_\_\_\_ ) Telephone No. \_\_\_\_\_

Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ No. of Years Acquainted \_\_\_\_\_

**Please Read Carefully Before Signing**

It is the policy of this company to employ personnel strictly on the basis of an individual's qualifications. Selections are made without regard to race, color, sex, religion, national origin, age, Vietnam Era Veteran Status, or physical or mental challenge.

I hereby certify that I have not knowingly withheld any information that may adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the Company to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment, and further, authorize the references I have listed to disclose to the Company any and all letters, reports, and other information related to my work records, without giving my prior notice of such disclosure. In addition, I hereby release the Company, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between my and the Company. In addition, I understand and agree that if I am employed, my employment is for no defined or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the President of the Company.

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\_\_\_\_\_ Date

\_\_\_\_\_ Signature