



Employment Application

Certified Oil Company is an equal opportunity employer and does not discriminate in hiring or terms and conditions of employment based on any individual's race, creed, color, religion, sex, age, handicap, or national origin.

Please Print

Position Desired _____	Schedule Desired _____(FT)_____(PT)	Shift Preference _____
Hours Available _____	Date Available to Start _____	
Have you ever worked for Certified Oil Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No (State minimum age for sale of alcohol.)
If yes where? _____		
Dates of Employment: From _____ To _____ Reason for leaving _____		

Personal Information

Last Name	First Name	Middle Name	Social Security Number
Present Address		City	State Zip From To
Previous Address		City	State Zip From To
Daytime Phone		Evening Phone	Military Service Branch
Driver's License Number	State	Expiration Date	Restrictions? Date Entered Discharged
Do you have your own transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle	Year Make Technical Specialization Rank Attained

Employment History - begin with your present employer and work backward

NOTE: A resume does not substitute for completion of an employment history. Only a fully completed application will be considered for employment openings.

Employer:	Dates Employed (Mo.Yr.) From: To:	Job Descriptions / Responsibilities
Address/City/State/Zip	Hourly Rate/Salary Starting: Final:	
Telephone Number(s)	Employment Status Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	
Supervisor	Title Were You Ever Disciplined? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason For Leaving	How Many Days Notice Given Before Leaving?	
Employer:	Dates Employed (Mo.Yr.) From: To:	Job Descriptions / Responsibilities
Address/City/State/Zip	Hourly Rate/Salary Starting: Final:	
Telephone Number(s)	Employment Status Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	
Supervisor	Title Were You Ever Disciplined? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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Employer:	Dates Employed (Mo.Yr.) From: To:	Job Descriptions / Responsibilities
Address/City/State/Zip	Hourly Rate/Salary Starting: Final:	
Telephone Number(s)	Employment Status Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	
Supervisor	Title Were You Ever Disciplined? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason For Leaving	How Many Days Notice Given Before Leaving?	

Additional Information

In addition to your work history, list any other job-related experiences, skills, or qualifications you would like us to consider.

Education

	High School	College/University	Other Education/Tech. School
Last Year Completed	9 10 11 12	1 2 3 4	1 2 3 4
GED/Diploma/Degree			
Describe any extracurricular activities, clubs, hobbies, etc.			

References

Name	Occupation	Complete Address	Phone #
1			
2			
3			

Can you, at the time of employment, submit verification of your legal right to work in the U.S.? Yes No

Do you have any physical limitations or health conditions (including allergies and/or negative reactions to gasoline or related petroleum products) which might affect your ability to perform the position applied for? If so please explain:

Have you ever been convicted of any crime, including a misdemeanor and/or felony, in the past seven years? Yes No

If yes, for what offense(s) have you been convicted? When and where? _____

Note: The existence of a conviction record(s) does not constitute an automatic bar from employment. Your conviction record(s) will be considered only as it may substantially relate to the job for which you are applying.

Authorizations: Applicant, please read and sign.

Drug Testing

I understand, if required by Company Policy, that all prospective employees must submit to a controlled substance test upon a conditional offer of employment. A urine specimen will be collected at a collection site selected by the company and tested for the controlled substances at a certified accredited laboratory. I understand that if I decline to sign this consent and thereby decline to take the test, the conditional offer of employment will be withdrawn.

I hereby agree to voluntarily submit to a controlled substance test and further understand that if said test is verified as positive, that I will be considered unqualified for employment by the company.

Applicant's Signature

Employment Verification and Conditions

I certify that all of the information provided on this application is true to the best of my knowledge. I understand that the company may look to verify the information I have provided in this application for employment and that the company may conduct an investigation concerning my background.

It is understood that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I authorize the Employer to investigate all references and to secure additional information about me if job related. I hereby release from liability, the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that this application is kept on file for one year. I have read, understood and have agreed to all of the statements above.

Signature as Shown on Social Security Card

Date of Application

Print Name As Shown on Social Security Card