

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)

(AN EQUAL OPPORTUNITY EMPLOYER)

NAME _____ DATE _____

ADDRESS _____ SOC. SEC. NO. _____

PHONE NO. _____ ARE YOU 18 YEARS OLD OR OLDER? YES _____ NO _____

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES _____ NO _____

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EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW ? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER ? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

REFERRED BY _____

EDUCATION	NAME SCHOOL	CITY	*NO. OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR					
HIGH SCHOOL					
COLLEGE					
TRADE OR OTHER					

EXPERIENCE

NAME AND ADDRESS OF FORMER EMPLOYER	DATE	LIST YOUR DUTIES	STARTING SALARY	FINAL SALARY	REASON FOR LEAVING

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS?* YES _____ NO _____

IF YES DESCRIBE _____

YOU WILL NOT BE DENIED EMPLOYMENT SOLEY BECAUSE OF A CONVICTION RECORD, UNLESS THE OFFENSE IS RELATED TO THE JOB FOR WHICH YOU HAVE APPLIED.

I UNDERSTAND AND AGREE THAT I MAY BE REQUIRED TO TAKE ONE OR MORE PHYSICAL EXAMINATION, LIE DETECTOR TEST(S), AS A CONDITION OF HIRING OR CONTINUED EMPLOYMENT. I AGREE TO CONSENT TO TAKE SUCH TEST(S) AT SUCH TIME AS DESIGNATED BY THE COMPANY AND TO RELEASE THE COMPANY, ITS DIRECTORS, OFFICERS, AGENTS OR EMPLOYEES FROM ANY CLAIM ARISING IN CONNECTION WITH THE USE OF SUCH TEST(S)
 YES _____ NO _____

*THIS FORM HAS BEEN REVISED TO COMPLY WITH THE PROVISIONS OF THE AMERICANS WITH DISABILITIES ACT AND THE FINAL REGULATIONS AND INTERPRETIVE GUIDANCE PROMULGATED BY THE EEDC ON JULY 26, 1991.

MILITARY SERVICE RECORD

BRANCH OF SERVICE _____	DISCHARGE DATE _____	RANK _____
PRESENT MEMBERSHIP IN THE NATIONAL GUARD _____		DATE OBLIGATION ENDS _____

REFERENCES

GIVE THE NAMES OF FOUR PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEASE ONE YEAR

NAME	ADDRESS	PHONE NUMBER	BUSINESS	YEARS ACQUAINTED

GENERAL

WHAT SPECIAL QUALIFICATIONS DO YOU HAVE? _____

WHAT MACHINES CAN YOU OPERATE? _____

SPECIAL SKILLS? _____

ACTIVITIES: (CIVIC, ATHLETIC, ETC.) _____

EXCLUDE ORGANIZATIONS, THE NAMES OF WHICH INDICATES THE RACE , CREED, SEX, MARTIAL STATUS, COLOR OR NATION OF IT'S MEMBERS.

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

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IN CASE OF
EMERGENCY
NOTIFY _____

NAME

ADDRESS

PHONE NO.

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" 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 INVESTIGATIONS OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE."

DATE _____ SIGNATURE _____

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DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

HIRED: YES _____ NO _____ POSITION _____ DEPT _____

SALARY/WAGE _____ DATE REPORTING TO WORK _____

Employment Inquiry Release

This document authorizes Polsinello Fuels, Inc. to make investigative background inquiries in connection with my possible employment with Polsinello Fuels, Inc. I understand that these background inquiries will include, but will not be limited to, consumer, criminal, driving and other reports, and will include information regarding my character, work habits, performance and experience, including reasons for termination of past employment. I understand, further, that Polsinello Fuels, Inc. may be requesting information from various federal, state and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal and other experiences, as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information.

Your Name (please print) _____

Social Security Number _____

Current Street Address _____

City _____ State _____ Zip _____

Driver's License Number _____

Your Signature _____ Date _____