



P.O. Box 1180 • 407 South Central Avenue
Marshfield, WI 54449
Phone: 715-384-3178
Fax: 715-389-2159

Petroleum Products Marketer • Bread & Butter Shops
Tire - Auto Service Centers • Express Lubes • Car Washes

Employment Application Form

(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

Date: _____

Position or Shift applying for: _____ Date Available to work: _____

Full or Part Time: _____ (specify days and hours if part time)

Do you have a dependable way to get to work? [] Yes [] No

Full Name (Please Print) _____
FIRST MIDDLE LAST

Present Address _____
NUMBER AND STREET

CITY STATE ZIP

How long have you lived there? _____ Phone _____ Social Security Number _____
MONTHS/YEARS

Are you 18 years of age or older? [] Yes [] No Have you ever worked for this company before? [] Yes [] No

If yes, please give dates and location _____

Have you, since the age of 18, been convicted of a crime other than a traffic violation? [] Yes [] No

If yes, please explain:

Are you eligible for employment in the United States? [] Yes [] No

In order to comply with the Immigration Act of 1986, a new employee must supply documents that prove identity and employment eligibility (i.e. Driver's License, Social Security Card, etc.) Within 3 business days of hire in order to complete the required Form I-9. Because of the Importance of this requirement, we must include it as a condition of employment.

MEDICATION INFORMATION

Do you have any medical or physical condition that would prevent you from performing specific kinds of work? [] Yes [] No

If yes, please describe your work limitations:

MILITARY INFORMATION

Were you a member of the United States Armed Services? [] Yes [] No

Branch _____ Type of Work _____

EDUCATION

Please select the LAST GRADE YOU COMPLETED in school.

8 or less 9 10 11 12 GED College: 1 2 3 4

Did you graduate? [] Yes [] No

Are you currently attending school? [] Yes [] No

Last School you attended: _____

WORK HISTORY

Please start with your present or most recent employment

Company Name	City	FROM (month/year)	TO (month/year)
Address	Phone		
Supervisor	Salary		
Position/Title _____			
Key Duties/Responsibilities			
Reason for Leaving			

1

2

Company Name	City	FROM (month/year)	TO (month/year)
Address	Phone		
Supervisor	Salary		
Position/Title _____			
Key Duties/Responsibilities			
Reason for Leaving			

3

Company Name	City	FROM (month/year)	TO (month/year)
Address	Phone		
Supervisor	Salary		
Position/Title _____			
Key Duties/Responsibilities			
Reason for Leaving			

PROFESSIONAL AND CHARACTER REFERENCES Please DO NOT list relative or previous employers.

1

Name
Telephone
Address

2

Name
Telephone
Address

3

Name
Telephone
Address

ADDITIONAL INFORMATION

Please provide any additional information you would like us to consider:

SIGNATURE - Fair Credit Reporting Act and Employment At Will Disclosure

I understand that I am applying for employment which can be terminated at will by either myself or the company as employer at any time and that the company's acceptance of my written application does not constitute an implied contract for employment.

I understand that an inquiry may be made which will provide applicable information as to my character, general reputation and qualifications for employment. Upon my written request, additional information as to the nature and scope of this inquiry. If one is made, will be provided to me.

I certify that the facts set forth in this application are accurate and correct. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal.

Signature _____ Date _____