



APPLICATION FOR EMPLOYMENT

"We Drug Test For Safety"

(please print)

| | | | | |
|------|-------|--------|---------------------|--------------|
| Last | First | Middle | Social Security No. | Today's Date |
|------|-------|--------|---------------------|--------------|

| | | | | | | |
|------------------|--------|--------|------|-------|-----|---------------|
| Present Address: | Number | Street | City | State | Zip | Telephone No. |
|------------------|--------|--------|------|-------|-----|---------------|

| | | | | | | |
|------------------------------|-------------------|--------|--------|------|-------|-----|
| How long at Present Address? | Previous Address: | Number | Street | City | State | Zip |
|------------------------------|-------------------|--------|--------|------|-------|-----|

Do you have the legal right to work in the U.S.A. permanently? If "No," explain:

| | | | | |
|--------------------------|---------------------|---|-----------------|--|
| Position(s) Applied For: | Company Applied to: | <input type="checkbox"/> Dandy <input type="checkbox"/> Williams Oil <input type="checkbox"/> Williams Auto | Salary Desired: | CAN YOU WORK (answer Yes or No): Nights? _____ Full time? _____ Overtime? _____ Saturdays? _____ Part time? _____ Holidays? _____ Sundays? _____ |
|--------------------------|---------------------|---|-----------------|--|

| | | |
|--------------------------------|-----------------------------|---------------------|
| How soon could you start work? | Are you over the age of 18? | If "No," state age: |
|--------------------------------|-----------------------------|---------------------|

Have you ever been convicted of a crime? If "Yes," explain:

Do you have any impairments, physical, mental or medical, which would interfere with your ability to perform in the position(s) applied for?

| | | | | |
|--------------------------------|---------------------------------|------------------------|----------------------------|---|
| CIRCLE HIGHEST GRADE COMPLETED | Grade School 1 2 3 4 5 6 7 8 | High School 1 2 3 4 | College 1 2 3 4 5 6 7 8 | Other: (Business or Technical Institute) 1 2 3 4 |
|--------------------------------|---------------------------------|------------------------|----------------------------|---|

| School Name | Address City/State | Graduate Yes/No | Type of Degree | Major Subjects |
|---------------|--------------------|-----------------|----------------|----------------|
| (High School) | | | | |
| (College) | | | | |

(Other) Are you taking any courses now? If "Yes," specify:

EMPLOYMENT RECORD - ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY, STARTING WITH PRESENT OR MOST RECENT SUPERVISOR

| Employed by: (Co. name) 1. (Address) | From: Mo./Yr. | To: Mo./Yr. | Pay: Rate | Position Held: | Reasons for leaving: |
|---|------------------|----------------|--------------|-------------------|-------------------------|
| (Co. name) 2. (Address) | | | | | |
| (Co. name) 3. (Address) | | | | | |

| | |
|--|---|
| May we contact your present or most recent employer? | May we contact your previous employers? |
|--|---|

| | | | |
|--|------------------------------------|--------------------------------|-----------------------------------|
| U.S. MILITARY STATUS RECORD Present Draft Status: | Present Reserve Status: None _____ | Active _____ Inactive _____ | Nat. Guard _____ Standby _____ |
|--|------------------------------------|--------------------------------|-----------------------------------|

| | | | | |
|-------------------------------|---------|------------------|---------------|--------------------|
| Former U.S. Military Service: | Branch: | From: Mo./Yr. | To Mo./Yr. | Highest Rank held: |
|-------------------------------|---------|------------------|---------------|--------------------|

| | | |
|---------------------------|----------------|--------------------|
| Service Schools Attended: | Primary Job in | Rank at Discharge: |
|---------------------------|----------------|--------------------|

By signing this application, I certify:
 That this application is complete and accurate to the best of my knowledge and that I have not made any attempt to conceal information, and that falsification could be cause for dismissal. Also, I agree, if required, to undergo a medical examination by a company designated physician, and I understand that medical approval must be obtained before employment can be affected. I have noted that the company is an Equal Opportunity Employer, and all applicants will receive consideration for employment without regard to Race, Religion, Color, Sex, Age, Marital Status, National Origin, Disability or Conviction Record.

Applicant's Signature _____