APPLICATION FOR EMPLOYMENT

SAYLE OIL COMPANY - AN EQUAL OPPORTUNITY EMPLOYER

General

Name_____ LAST

Address_____ FIRST

Telephone (_____)_____ Social Security #_____ MIDDLE

Position you wish to apply for. _____

Date available for employment. _____

Have you ever been employed by this company? Y ☐ N ☐

Are you employed elsewhere at this time? Y ☐ N ☐

If so, may we contact your present employer? Y ☐ N ☐

Are you prevented from being lawfully employed in this country because of visa or immigration status? Y ☐ N ☐

If applying for a position where driving is required, do you have a valid driver's license in this state? Y ☐ N ☐

License Number_____

Can you perform the essential functions of the job(s) for which you are applying? Y ☐ N ☐

Have you ever been convicted of a felony? Y ☐ N ☐

(Please note that a "Yes" answer will not bar you from consideration for employment)

If so, please explain: _____

Are you available to work : ☐ Full-Time ☐ Part-Time ☐ Over-Time

Education	Elementary	High School	College	Trade School
School Name & Address				
Years Completed	1 2 3 4 5 6	7 8 9 10 11 12	1 2 3 4	1 2 3 4

This company is an equal opportuniy employer. All applicants will be considered without regard to age, race, national origin, religion, disability, sex, or other protected status in accordance with applicable federal & state equal employment opportunity laws. This company will strive to accomodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of the job.

Employment History

Give accurate employment history info. Start with your most recent employer

Company's Name	Telephone Number ( )
Address	Employed-(Month & Year) From: To:
Supervisor	Weekly Pay Start: Last:
Job Title & Work Description	Reason For Leaving
Company's Name	Telephone Number ( )
Address	Employed-(Month & Year) From: To:
Supervisor	Weekly Pay Start: Last:
Job Title & Work Description	Reason For Leaving
Company's Name	Telephone Number ( )
Address	Employed-(Month & Year) From: To:
Supervisor	Weekly Pay Start: Last:
Job Title & Work Description	Reason For Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employer: _____ Reason: _____

Employer: _____ Reason: _____

Employer: Reason:

References

Give the names of five people not related to you, whom you've known at least a year.

Name	Phone Number	Years Aquainted

Reference Check

FOR EMPLOYER'S USE ONLY

Employer	Person Contacted	Results/Comments
1		
2		
3		

Military

Did you serve in the U.S. Armed Forces?		Yes		No	If "Yes", in what Branch?
Did you serve in Vietnam?		Yes		No	

Describe any training received relevant to the position for which you are applying

Have you ever been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses,

which has not been annulled, expunged, or sealed by a court? Yes No

If "Yes", describe in full.

Interview Results

Interviewer Name and Comments

Manager_____ _____ # Work History References Checked

_____ # Personal References Checked

Supervisor_____ Comments:_____

_____

_____

Hired_____ Date_____ Position_____

Salary/Wage_____ Department_____

Manager Signature_____