



Application for Employment

SHORESIDE PETROLEUM, INC.

Location _____

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Human Resources Department.

Position(s) applied for _____ Date of Application ____/____/____

Name _____ Social Security # _____

LAST FIRST MIDDLE

Address _____

STREET CITY STATE ZIP CODE

Home Telephone _(____) _____ Message Telephone _(____) _____

If you are under 18, can you furnish a work permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed here before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in this country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date available for work.	____/____/____
Type of employment desired <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Educational co-op	
Are you able to meet the attendance requirements of the position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a crime in the last seven (7) years? SUCH CONVICTION MAY BE RELEVANT IF JOB-RELATED, BUT DOES NOT BAR YOU FROM EMPLOYMENT.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain:	
Driver's License number if job-related:	State:

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.

FROM:	TO:	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR & TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING			
SALARY		START \$	PER / FINAL \$ PER
FROM:	TO:	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR & TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING			
SALARY		START \$	PER / FINAL \$ PER
FROM:	TO:	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR & TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING			
SALARY		START \$	PER / FINAL \$ PER
FROM:	TO:	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR & TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING			
SALARY		START \$	PER / FINAL \$ PER

Skills & Qualifications

Summarize any training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position, which you are applying.

Educational Background IF JOB RELATED

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
HIGH SCHOOL				
COLLEGE		MAJOR	DEGREE	
OTHER				

References

NAME & ADDRESS	TELEPHONE	YEARS KNOWN

It is understood and agreed upon that any misrepresentation by me on 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 give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representative for seeking such information, and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

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 with or without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary, either verbal or written.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for reasonable accommodation that would be required by the ADA.

Signature of Applicant _____ Date _____/_____/_____

Application Reviewed By _____ Date _____/_____/_____

Interviewer's Comments _____
