

# PF & E OIL CO., AND AFFILIATE COMPANIES

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION:

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ S.S.# \_\_\_\_\_

Current Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Telephone No.(s) where you may be reached:

Day: \_\_\_\_\_; Evenings/Wked. \_\_\_\_\_

Are you age 18 or older? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_; Conviction of a felony is not an automatic bar to employment. The type and nature of the offense, the circumstances, and rehabilitation since the offense will be considered. Please provide information regarding all of these matters: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you eligible to work in the U.S.? yes \_\_\_\_\_; no \_\_\_\_\_

### EDUCATION:

Did You Graduate?

Diploma or Degree

Grade School: \_\_\_\_\_

High School: \_\_\_\_\_

College: \_\_\_\_\_

Trade/Voc./Bus. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

U.S. Veteran? Yes: \_\_\_\_\_; No: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Duty or Training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### LIST ANY PROFESSIONAL LICENSES and/or CERTIFICATIONS:

Type:

Agency or State Issued

Date Issued

Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**EMPLOYMENT DESIRED AND AVAILABILITY:**

Type of Work Desired: \_\_\_\_\_ Shift \_\_\_\_\_ Salary \_\_\_\_\_  
1st \_\_\_\_\_  
2nd \_\_\_\_\_  
3rd \_\_\_\_\_  
Date Available: \_\_\_\_\_; Full Time: \_\_\_\_\_; Part Time: \_\_\_\_\_

Are you willing and able to work:

Weekends? Yes \_\_\_\_\_; No \_\_\_\_\_ Holidays? Yes \_\_\_\_\_; No \_\_\_\_\_  
Rotation? Yes \_\_\_\_\_; No \_\_\_\_\_

Indicate shift or schedule preference:

Day \_\_\_\_\_; Evening \_\_\_\_\_; Night \_\_\_\_\_

What are your reasons or goals for seeking the position(s) you have indicated? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you be willing to work on an "as needed, on call" basis before being considered for a full-time position?  
Yes \_\_\_\_\_; No \_\_\_\_\_

Do you have responsibilities that would limit your availability to work?  
Yes \_\_\_\_\_; No \_\_\_\_\_ If so, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Do you have your own reliable transportation? Yes \_\_\_\_\_; No \_\_\_\_\_  
Will you abide by the safety rules of our companies? Yes \_\_\_\_\_; No \_\_\_\_\_

**EMPLOYMENT RECORD:**

Are you currently employed? Yes \_\_\_\_\_; No \_\_\_\_\_

We routinely contact an applicant's prior employers for reference checks. Would this pose any particular difficulty for you? Yes \_\_\_\_\_; No \_\_\_\_\_ If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

List Previous Employment Information:

Current or Last Employer:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position/Duties: \_\_\_\_\_

From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Next Previous Employer:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position/Duties: \_\_\_\_\_

From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Next Previous Employer:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position/Duties: \_\_\_\_\_

From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Please explain all periods of unemployment: \_\_\_\_\_

Have you ever been terminated from employment? Yes \_\_\_\_\_ ; No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Use this space to give us other information about your personal skills or qualities, work style, interpersonal ability or communication skills which would assist us in placing you:

#### REFERENCES:

Name	Phone/Address	Position	Years Known
_____	_____	_____	_____
_____	_____	_____	_____

#### APPLICANT CERTIFICATION

As a part of the application process, I have been provided with a list of requirements for the position of \_\_\_\_\_. I certify that I have received and understand each requirement and that I am capable of meeting each and every requirement.

Further, I understand I may be required to have a medical examination after an offer of employment has been made and prior to the commencement of my employment duties. A favorable result on the medical examination would be a condition of my employment.

I certify that all information given on this application is true, correct, and complete. I also certify that I have accounted for all of my work experience and training.

I understand that misrepresentation or omission of facts will be cause for cancellation of my consideration for employment or dismissal if employed. I authorize any inquiry to be made on any information contained in this application if I am considered for employment. I understand that operating conditions may require me to temporarily work shifts other than the one for which I am applying and I agree to such scheduling change as directed by my supervisor or the management.

I further understand that this is an application for employment and that no employment contract is being offered. No supervisor or officer of the companies can make a contract except in writing and signed by the president. I also understand that, if employed, such employment is for an indefinite period and is subject to change in wages, conditions, benefits, and operating policies.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**APPLICANTS FOR EMPLOYMENT**  
**RELEASE OF EMPLOYMENT RECORDS**

I, \_\_\_\_\_, hereby authorize PF & E Oil Co.,  
and Affiliate Companies, or those authorized by them, to investigate all facts con-  
tained in my application for employment with said operation, and authorize the release of any and all  
information by my present and past employers, wherever located, which may be required for a  
reference check. I further authorize all of my previous employers and current employer to give any  
and all information concerning my employment and any other pertinent information which said  
employers may have, personal or otherwise, and I release all parties from all liabilities for any  
damages which may result from the furnishing of said information. A copy of this release shall be as  
valid as the original.

Signed this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Printed Name of Witness