# PF & E OIL CO., AND AFFILIATE COMPANIES

### APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:	Date:	
Full Name:	S.S.#	
Current Address		Who we call the love of the latest and the
Permanent Address	201 1592006.	6/1 53 Y Yebertisi 
Telephone No.(s) where you may be reached: Day:;	Evenings/Wked.	Servic shift or schoolide preferrer
Are you age 18 or older?	Wind some (a) analysing that you have	
Have you ever been convicted of a felony? _ employment. The type and nature of the offe considered. Please provide information regar	nse, the circumstances, and rehabiting all of these matters:	pilitation since the offense will be
Are you eligible to work in the U.S.? yes EDUCATION:	er or Son relies and small space	Control Contro
Grade School:		
High School:	OUR CONTRACTOR CONTRAC	and Salasa and Araba Salasa Addison and Holy O
College:	AND	
Trade/Voc./Bus.	VOID DESCRIPTION CONTRACTOR CONTR	:0300 <u>**********************</u>
U.S. Veteran? Yes:; No:		
Dates of Service:  Duty or Training:		(MODERN TO ADMINISTRATORY MAN AND ADMINISTRATORY MODERN AND ADMINISTRATORY AND ADMINISTRA
LIST ANY PROFESSIONAL LICENSES	S and/or CERTIFICATIONS:	.s. Fursinus Employment latom
Type: Agency of	State Issued Date Issued	Number

#### EMPLOYMENT DESIRED AND AVAILABILITY:

Veckends? Yes; No Holidays? Yes; No  ndicate 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	ype of Work Desired:	Shift Salary
and Available:; Full Time:; Part Time: are Available:; Full Time:; Part Time: are you willing and able to work:  **Veckends? Yes; No Holidays? Yes; No oution? Yes; No Holidays? 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? **Ves; No  **Do you have responsibilities that would limit your availability to work? **Ves; No  **Do you have your own reliable transportation? Yes; No  **Will you abide by the safety rules of our companies? Yes; No  **Will you abide by the safety rules of our companies? Yes; No  **Will you abide by the safety rules of our companies? Yes; No  **Will you abide by the safety rules of our companies? Yes; No  **We routinely contact an applicant's prior employers for reference checks. Would this pose any particular difficulty for you? Yes; No  **List Previous Employment Information:  **Current or Last Employer:	st	
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Name: Phone: Phone: Prom: / To: /	List Previous Employment Informat	
Position/Duties:		
From: / To: /	Current or Last Employer: Name:	Phone:
Supervisor: Reason for Leaving:	Current or Last Employer: Name: Address:	Phone:
	Current or Last Employer: Name: Address: Position/Duties: From: To:	Phone:

Next Previous Employer:	Dhone
Address:	Phone:
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Supervisor.	Reason for Leaving:
Next Previous Employer:	
	7
Name:	Phone:
Address:	
Position/Duties:	Posson for Leaving:
From: / To:	
Supervisor:	Reason for Leaving:
Please explain all periods of unemployr	ment:
Have the one for a special to	Marketina of a following to the original design of the following to the original design of the following the second of the secon
Have you ever been terminated from en	nployment? Yes; No
ii yes, piease expiain:	
·	
Use this space to give us other information	tion about your personal skills or qualities, work style, interpersonal ability or
communication skills which would assi	
REFERENCES:	
Name	Phone/Address Position Years Known
APPLICANT CERTIFICATION	
As a part of the application process I I	have been provided with a list of requirements for the position of
	certify that I have received and understand each requirement and that I am
capable of meeting each and every req	uirement.
Further, I understand I may be requ	uired to have a medical examination after an offer of employment has been
	nt of my employment duties. A favorable result on the medical examination
would be a condition of my employn	nent.
	Vice a resident that have a little of
I certify that all information given on the	his application is true, correct, and complete. I also certify that I have accounted
for all of my work experience and train	
I understand that misrepresentation or	omission of facts will be cause for cancellation of my consideration for employ-
ment or dismissal if employed. I author	orize any inquiry to be made on any information contained in this application if I
am considered for employment. I und	erstand that operating conditions may require me to temporarily work shifts
	ying and I agree to such scheduling change as directed by my supervisor or the
management.	
I further understand that this is an anal	lication 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 emp	ployment is for an indefinite period and is subject to change in wages, condi-
tions, benefits, and operating policies.	
Date:	Signature:
	Printed Name:
	1 18110-00 1 400110-

### APPLICANTS FOR EMPLOYMENT

## RELEASE OF EMPLOYMENT RECORDS

I,	hereby authorize PF & E Oil Co.,	
and Affiliate Companies	s, or those authorized by them, to investigate all facts con-	
tained in my application for employme	ent with said operation, and authorize the release of any and all	
information by my present and past em	aployers, 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 emp	ployment and any other pertinent information which said	
	wise, and I release all parties from all liabilities for any	
	mishing of said information. A copy of this release shall be as	
valid as the original.		
Signed this the day of		
Signed uns the day of	1	
Applicant Signature	Witness Signature	
Printed Name of Applicant	Printed Name of Witness	
Fillined Hattle Of Applicati	Finited Name of Witness	