



**EMPLOYMENT APPLICATION**

**An Equal Opportunity Employer**

Farmers Union Oil Company is an Equal Opportunity Employer. Farmers Union Oil Company does not discriminate on the basis of race, religion, color, sex, age, national origin, or disability, or on any basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

*Please print and fill out all sections*

**Applicant Information**

Applicant Name \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address \_\_\_\_\_ Other Phone: \_\_\_\_\_

Current Address: Number and Street \_\_\_\_\_

City \_\_\_\_\_ State & Zip: \_\_\_\_\_

How were you referred to Farmers Union Oil Company? \_\_\_\_\_

**Employment Positions**

Position(s) applying for: \_\_\_\_\_

Have you ever  applied for work or  worked for Farmers Union Oil Company?  Yes  No

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

**Are you applying for:**

- Temporary work – such as summer or holiday work?      Yes      No
- Regular part-time work?      Yes      No
- Regular full-time work?      Yes      No

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, when will you be available? \_\_\_\_\_

If hired, on what date can you start working? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Can you work on the weekends? Yes No  
Can you work evenings? Yes No  
Are you available to work overtime? Yes No

Salary or hourly rate desired: \$ \_\_\_\_\_

**Personal Information**

If hired, would you have transportation to/from work? Yes No

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.)  
Yes No

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?  
Yes No

If hired, are you willing to submit to and pass a controlled substance test? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation?  
Yes No

If no, describe the functions that cannot be performed: \_\_\_\_\_  
\_\_\_\_\_

*(Note: Farmers Union Oil Company complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)*

**Education, Training and Experience**

**High School**

School Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Did you graduate? Yes No

Degree / diploma earned: \_\_\_\_\_

**College / University**

School Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Did you graduate? Yes No

Degree / diploma earned: \_\_\_\_\_

**Vocational School**

School Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Did you graduate? Yes No

Degree / diploma earned: \_\_\_\_\_

**Military**

Branch: \_\_\_\_\_ Rank in Military: \_\_\_\_\_

Total Years of Service: \_\_\_\_\_ Skills/duties: \_\_\_\_\_

Related details: \_\_\_\_\_

**Additional Information**

Do you speak, write, or understand any foreign languages?    Yes    No

If yes, list languages(s) and how fluent of a speaker you consider yourself to be.

\_\_\_\_\_

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us?

Yes    No

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

\_\_\_\_\_

**Employment History**

Are you currently employed?    Yes    No

If you are currently employed, may we contact your current employer?    Yes    No

Below, please describe past and present employment positions, dating back three (3) years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Name of Employer: \_\_\_\_\_ Business Type: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_

Position & Duties: \_\_\_\_\_

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

May we contact this employer for references?    Yes    No

\_\_\_\_\_

Name of Employer: \_\_\_\_\_ Business Type: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_

Position & Duties: \_\_\_\_\_

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

May we contact this employer for references?    Yes    No

**If there has been a gap in employment of more than 6 months, please provide details below.**

**(Attach sheet if more space is needed)**

**References**

List below two (2) persons who have knowledge of your work performance within the last four (4) years. Please include professional references only.

Name - First, Last: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Number of Years Acquainted: \_\_\_\_\_

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Name - First, Last: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Number of Years Acquainted: \_\_\_\_\_

**Please Read and Initial Each Paragraph, then Sign Below**

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure employment can be grounds for rejection of application or, if I am employed by Farmers Union Oil Company, terms for my immediate expulsion from Farmers Union Oil Company.

\_\_\_\_\_

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or Farmers Union Oil Company.

\_\_\_\_\_

I permit Farmers Union Oil Company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release Farmers Union Oil Company, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

\_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

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