

APPLICATION GOOD FOR 30 DAYS ONLY

## R. B. Wall Oil Company

### APPLICATION FOR EMPLOYMENT

We are committed to equality of opportunity. It is the policy of R. B. Wall Oil Co. (1) To provide an environment free of discrimination and (2) to assure that personnel determinations are based on merit, experience, and other work related criteria.

#### PERSONNEL INFORMATION (PLEASE PRINT AND COMPLETE ALL SECTIONS)

LAST NAME		FIRST NAME		MIDDLE NAME	
ADDRESS	Number	Street	City	State	Zip Code
Telephone Number(s) Area Code (      )		Best Time To Reach By Phone		Social Security Number	

#### EMPLOYMENT DESIRED

Position(s) Applied For

How Did You Learn About Us?

- Advertisement       Friend       State Employment Service  
 Employment Agency       Relative       Other \_\_\_\_\_

On what date would you be available for work?

Are you available to work:  Full Time     Part Time     Shift Work     Temporary

#### SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience that would enable you to perform this job. List all equipment and/or machines you can operate.

---

---

---

---

---

Describe any specialized training, apprenticeship, skills and extracurricular activities. Include military if appropriate.

---

---

---

---

WE ARE AN EQUAL OPPORTUNITY EMPLOYER  
M/F/H/V

# EMPLOYMENT EXPERIENCE

Start with your present or last job.

1.	EMPLOYER		DATES EMPLOYED		RESPONSIBILITIES
			FROM	TO	
	ADDRESS				
	TELEPHONE NUMBER(S)		HOURLY RATE/SALARY		
			STARTING	FINAL	
JOB TITLE		SUPERVISOR			
REASON FOR LEAVING					
2.	EMPLOYER		DATES EMPLOYED		RESPONSIBILITIES
			FROM	TO	
	ADDRESS				
	TELEPHONE NUMBER(S)		HOURLY RATE/SALARY		
			STARTING	FINAL	
JOB TITLE		SUPERVISOR			
REASON FOR LEAVING					
3.	EMPLOYER		DATES EMPLOYED		RESPONSIBILITIES
			FROM	TO	
	ADDRESS				
	TELEPHONE NUMBER(S)		HOURLY RATE/SALARY		
			STARTING	FINAL	
JOB TITLE		SUPERVISOR			
REASON FOR LEAVING					
4.	EMPLOYER		DATES EMPLOYED		RESPONSIBILITIES
			FROM	TO	
	ADDRESS				
	TELEPHONE NUMBER(S)		HOURLY RATE/SALARY		
			STARTING	FINAL	
JOB TITLE		SUPERVISOR			
REASON FOR LEAVING					

If you need additional space, please continue on a separate sheet of paper.

# EDUCATION

School Name Location	MIDDLE/JUNIOR HIGH SCHOOL			HIGH SCHOOL				UNDERGRADUATE COLLEGE/UNIVERSITY				GRADUATE PROFESSIONAL			
	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Years Completed or															
Diploma, Degree															
Describe Course of Study															

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION WILL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT "PRIOR NOTICE AND WITHOUT CAUSE."