## Employment Application



|  |
| --- |
| Applicant Information |
| Full Name: |       |       |     | Date: |       |
|  Last | First | M.I. |
| Address: |       |       |
|  Street Address | Apartment/Unit # |
|  |       |       |       |
|  City | State | ZIP Code |
| Phone: | (     )       | E-mail Address: |       |
| Date Available: |       | Social Security No.: |       | Desired Salary: | $      |
| Position Applied for: |       |
| Are you a citizen of the United States? | YES[ ]  | NO[ ]  | If no, are you authorized to work in the U.S.? | YES[ ]  | NO[ ]  |
| Have you ever worked for this company? | YES[ ]  | NO[ ]  | If yes, when? |       |
|  |  |
|  |
| Education |
| High School: |       | Address: |       |
| From: |       | To: |       | Did you graduate? | YES[ ]  | NO[ ]  | Degree: |       |
| College: |       | Address: |       |
| From: |       | To: |       | Did you graduate? | YES[ ]  | NO[ ]  | Degree: |       |
| Other: |       | Address: |       |
| From: |       | To: |       | Did you graduate? | YES[ ]  | NO[ ]  | Degree: |       |
|  |
| References |
| Please list three professional references. |
| Full Name: |       | Relationship: |       |
| Company: |       | Phone: | (     )       |
| Address: |       |
|  |  |  |  |
| Full Name: |       | Relationship: |       |
| Company: |       | Phone: | (     )       |
| Address: |       |
|  |  |  |  |
| Full Name: |       | Relationship: |       |
| Company: |       | Phone: | (     )       |
| Address: |       |
| Previous Employment |
| Company: |       | Phone: | (     )       |
| Address: |       | Supervisor: |       |
| Job Title: |       |   |   |   |   |
| Responsibilities: |       |
| From: |       | To: |       | Reason for Leaving: |       |
| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |
|  |  |  |  |
| Company: |       | Phone: | (     )       |
| Address: |       | Supervisor: |       |
| Job Title: |       |   |   |   |   |
| Responsibilities: |       |
| From: |       | To: |       | Reason for Leaving: |       |
| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |
|  |  |  |  |
| Company: |       | Phone: | (     )       |
| Address: |       | Supervisor: |       |
| Job Title: |       |   |   |   |   |
| Responsibilities: |       |
| From: |       | To: |       | Reason for Leaving: |       |
| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |
|  |
| Military Service |
| Branch: |       | From: |       | To: |       |
| Rank at Discharge: |       | Type of Discharge: |       |
| If other than honorable, explain: |       |
|  |
| Disclaimer and Signature |
|  |
|  **PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.** I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Leahy’s Fuels, Inc. to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Leahy’s Fuels, Inc. serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States and to comply with company and departmental regulations.  |
| Signature: |  | Date: |  |

Form Effective Date: 5/22/2018