



APPLICATION FOR EMPLOYMENT
FARMER'S UNION OIL COMPANY OF CIRCLE/TERRY
"An Equal Opportunity Employer"

General Information

Date: _____

Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Position Applying For: _____

Will accept: (Circle all that apply) Full time/Part Time/Seasonal

EXPERIENCE

List employment beginning with the most recent, include military service if applicable
From ____ To _____

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Supervisor: _____ Wage/Salary: _____

Describe Duties: _____

Reason for leaving: _____

May we contact your present/pass employer: _____ if no, why: _____

From ____ To _____

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Supervisor: _____ Wage/Salary: _____

Describe Duties: _____

Reason for leaving: _____

May we contact your present/pass employer: _____ if no, why: _____

From ____ To _____

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Supervisor: _____ Wage/Salary: _____

Describe Duties: _____

Reason for leaving: _____

May we contact your present/pass employer: _____ if no, why: _____

EDUCATION

High School Attended: _____ Did you graduate: Y/N

High School Location: _____ GED: Y/N

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

Post-Secondary Schooling (i.e. Tech School, Vocational School, University)

School name: _____

Major/Course of Study: _____ Diploma/Degree: _____

Describe any special training, apprenticeship, machinery, and skills:

RELEASE AND CONSENT

I understand and certify that all information supplied in this application, and any attached resume, is complete and correct. Any false, misleading or incomplete information furnished by me regarding this application may result in the rejection of this application or if employed, dismissal. I understand that in consideration of my employment, I agree to conform to the rules and regulations of the Employer, and further agree that my employment and compensation are at the will of the Employer and can be terminated, with or without cause, and with or without notice, at any time at the option of either the Employer or myself. No supervisor, representative, agent, other employee of the Employer has now or has had in the past the authority to enter into any agreement for employment for a specified period of time, or to make any agreement which is contrary to or in modification of the above terms, nor can any policies or practices of the Employer, either written or oral, modify the above terms.

I understand and agree to take any physical examination, including drug screening test; all such tests will be administered in compliance with the Americans With Disabilities Act.

I understand and hereby authorize all persons, schools, companies, employers and/or their representatives to furnish verification to the Employer, its representatives or agents, any and all information set forth in this application and/ or attached resume. In addition, I hereby agree to hold harmless and to release from all liability all said persons, schools, companies, employers and/or their representatives from any and all claims that I may have, or which may arise, against any and/or all of them, including the Employer, as a result of them furnishing information to the Employer. I authorize the Employer, should they employ me, to release employment reference, if my employment becomes terminated for any reason.

I have read, understand and agree with this statement

Applicant's Signature: _____ Date: _____