



# APPLICATION FOR EMPLOYMENT

*We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.*

(Please Print and Fill out the Following Application with Black Ink)

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

How did you learn about us?

☐ Advertisement ☐ Employment Agency ☐ Friend / Relative ☐ Other: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Mid. Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ SSN: \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? If yes, give date: \_\_\_\_\_ ☐ Yes ☐ No

Have you ever been employed with us before? If yes, give date: \_\_\_\_\_ ☐ Yes ☐ No

Do any of your friends or relatives work here? If yes, state name: \_\_\_\_\_ ☐ Yes ☐ No

Are you currently employed? If yes, with whom: \_\_\_\_\_ ☐ Yes ☐ No

May we contact your current employer? If yes, provide number: \_\_\_\_\_ ☐ Yes ☐ No

Are you able to lawfully work in the United States? (proof of citizenship or immigration status will be required upon employment) ☐ Yes ☐ No

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires you to? ☐ Yes ☐ No

Available start date: \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Work Availability: ☐ Full Time ☐ Part Time ☐ On Call ☐ Temporary



**NOTICE TO APPLICANTS:**

Screening tests for illegal drug use may be required before hiring and during ones employment at Illinois & Michigan Oil, LLC.

EDUCATION				
School	Name and Address	Course of Study	Years Completed	Diploma / Degree
High School				
Junior College				
Undergraduate College				
Graduate / Professional				
Other (Specify)				

WORK EXPERIENCE			
Employer:	Start Date	End Date	Work Performed
Address:			
Phone #:			
Job Title:	Start Pay	Final Pay	
Supervisor:			
Reason for Leaving:			
Employer:	Start Date	End Date	
Address:			
Phone #:			
Job Title:	Start Pay	Final Pay	
Supervisor:			
Reason for Leaving:			
Employer:	Start Date	End Date	
Address:			
Phone #:			
Job Title:	Start Pay	Final Pay	
Supervisor:			
Reason for Leaving:			
Employer:	Start Date	End Date	
Address:			
Phone #:			
Job Title:	Start Pay	Final Pay	
Supervisor:			
Reason for Leaving:			

<b>Comments:</b> Include explanation of any gaps in employment.

**Describe any specialized training, apprenticeships, skills, and extra-curricular activities.**

**Describe any job related training received, including Military.**

**List professional, trade, business, or civic activities and offices held.**

**List any specialized skills.**

**Additional information or other qualifications.**

**PERSONAL / PROFESSIONAL REFERENCES (do not include family members)**

<b>Name</b>	<b>Phone Number</b>	<b>Best Time to Call</b>	<b>Occupation</b>
1.			
2.			
3.			
4.			

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_