

Application for Employment

Delano Oil Company
P.O. Box 187
301 W. Washington
St. James, MO 65559
(573) 265-3266

PLEASE PRINT:

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of Delano Oil Company.

Name: _____ Social Security No: _____
 Street Address: _____ City/State: _____ Zip: _____
 Home Telephone No.: _____ Emergency Phone No.: _____
 Position(s) applied for: _____ Date of application ___/___/___

Have you ever been employed here before?.....	Yes	No
Where and when? _____	___	___
Do you have reliable transportation to get to work?.....	Yes	No
Are you able to work when needed?.....	Yes	No
Type of employment desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		
Date available for work: _____ Salary desired: _____ Least acceptable salary: _____		
How many days have you missed from school or work within the last 12 months? _____	Been late?	___
If hired, how long would you plan on working here? _____		
Do you smoke?.....	Yes	No
Have you ever been bonded?.....	Yes	No
Have you been convicted of a crime in the last seven (7) years?.....	Yes	No
If yes, please explain: _____		
Have you ever been discharged or asked to resign from any position?	Yes	No
If yes, please describe: _____		
Driver's license number: _____ State: _____ Type: _____ Expiration Date: _____		
Have you ever been denied a license? Yes ___ No ___ Revoked-Suspended? Yes ___ No ___		
Ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes ___ No ___		

Education: Please circle highest level attained

Elementary: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 GED College: 1 2 3 4 5

Name and City: _____ **Degree/ Major:** _____

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name and Address	Telephone	Years Known

Employment History: Provide the following information for your past three (3) employers.

From Date	To Date	Employer	Telephone ()
Job Title		Address	
Supervisor and Title			
May we contact for references?		Starting	Ending
Reason for leaving?			
From Date	To Date	Employer	Telephone ()
Job Title		Address	
Supervisor and Title			
May we contact for references?		Starting	Ending
Reason for leaving?			
From Date	To Date	Employer	Telephone ()
Job Title		Address	
Supervisor and Title			
May we contact for references?		Starting	Ending
Reason for leaving?			
From Date	To Date	Employer	Telephone ()
Job Title		Address	
Supervisor and Title			
May we contact for references?		Starting	Ending
Reason for leaving?			

APPLICANT MUST READ AND SIGN

It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record whether same is of record or not, and applicant releases employers and persons name herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative consumer report.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I understand that this application is not an employment contract and that, if hired, my employment and compensation can be terminated, with or without cause, at any time at the option of either the company or myself.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date _____

Signature _____