# Hunter oil company, inc.


### Employment Application

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| Applicant Information |
| Last Name |  | First |  | M.I. | DOB |  |
| Street Address |  | Apartment/Unit # |  |
| City |  | State |  | ZIP |  |
| 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 so, when? |  |
| Have you ever been convicted of a crime? | YES [ ]  | NO [ ]  | If yes, explain |  |
| Do you know anyone employed or who has been employed with this company? | YES [ ]  | NO [ ]  | If yes, whom? |  |
|  |
| 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 |  |
|  |
| Other |
|  |
| Have you ever been discharged or asked to resign any position? | YES [ ]  | NO [ ]  | If yes, explain |  |
| Do you on a regular basis use any illegal drugs? | YES [ ]  | NO [ ]  |  |  |
| Have you ever received Workman’s Compensation or Disability Income? | YES [ ]  | NO [ ]  | If yes, explain |  |
| Have you ever had problems with your: |  |  |  |  |
| Heart? | YES [ ]  | NO [ ]  |  |  |
| Hernia? | YES [ ]  | NO [ ]  |  |  |
| Back? | YES [ ]  | NO [ ]  |  |  |
| Other? |  |
| Do you have a valid Driver’s License? | YES [ ]  | NO [ ]  | If yes, give # and State |  |
| Do you have a CDL License? | YES [ ]  | NO [ ]  |  |  |
| Have you ever been convicted of driving while under the influence of an intoxicant? | YES [ ]  | NO [ ]  | If yes, when? |  |
| Do you have transportation at all times? | YES [ ]  | NO [ ]  |  |  |
| If no, how will you get to work? |  |
| Are there any reasons why you think you would have difficulty performing the job applied for? | YES [ ]  | NO [ ]  |  |
| If yes, please explain why? |  |

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| --- |
| Previous Employment |
| Company |  | Phone | ( ) |
| Address |  | Supervisor |  |
| Job Title |  | Starting Salary | $ | Ending Salary | $ |
| Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
| Company |  | Phone | ( ) |
| Address |  | Supervisor |  |
| Job Title |  | Starting Salary | $ | Ending Salary | $ |
| Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
| Company |  | Phone | ( ) |
| Address |  | Supervisor |  |
| Job Title |  | Starting Salary | $ | Ending Salary | $ |
| 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 |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |
| Signature |  | Date |  |

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| EMERGENCY CONTACT |
| Last Name |  | First |  | M.I. |  |  |
| Street Address |  |  |  |
| City |  | State |  | ZIP |  |
| Phone |  | E-mail Address |  |