



Dear Applicant,

Thank you for taking the time to apply for employment with Palmer Gas & Oil.

We require that you get a certified copy of your motor vehicle records if you will be driving a Palmer Gas & Oil vehicle at any time.

Palmer Gas & Oil is a Drug Free Workplace. This includes CBD oil, medical marijuana and non-prescription drug use. Must be able to pass a pre-employment drug screen and a criminal background check. The Company also performs random drug testing. Palmer Gas is an Equal Opportunity Employer.

Let us know if you have any questions.

Thank you!

Human Resources

APPLICATION FOR EMPLOYMENT FOR PALMER GAS & OIL

We are an equal opportunity employer. We do not discriminate in hiring, promoting, or other employment decisions on the basis of race, sex, color, pregnancy, religion, national origin, sexual orientation, marital status, disability, age, veteran, or any other basis protected by law. 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 the Human Resources Department.

PLEASE PRINT (USE INK)

Position(s) Applied For	Date of Application
How did you learn about us? <input type="checkbox"/> Advertisement: Online: _____ Newspaper: _____ <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Driving by <input type="checkbox"/> Employment agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____ Name of referral: _____	

Last Name	First Name	Middle Name
Address:	Number	Street City State Zip Code
Home Phone:		
Mobile Phone:		
Email address:		

Best time to contact you at home is:	____:____ AM or PM
If you are under 18 years of age, can you provide required proof of your eligibility to work.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before? If yes, give date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been employed with us before? If yes, give date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your friends, relatives other than spouse, work here? If yes state name and relationship _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or immigration Status? Proof of citizenship or immigration status will be required upon employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date available for work ____/____/____	What is your desired salary range? _____
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (Morning / Afternoon) <input type="checkbox"/> Temporary/Seasonal?	
We do background checks on all new hires – do you consent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION

School	Name and Address Of School	Course of Study	Years Completed	Diploma/ Degree
High School				
College				
Other				
Trade School				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Present or Most Recent Employment	Dates Employed		Duties Performed
Address	From	To	
Telephone Number(s)			
Starting/Present or Last Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

Previous Employment	Dates Employed		Duties Performed
Address	From	To	
Telephone Number(s)			
Starting/Last Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

Previous Employment	Dates Employed		Duties Performed
Address	From	To	
Telephone Number(s)			
Starting/Last Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

Comments: Include explanation of any gaps in employment.

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

Describe any job-related training received in the United States military.

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

(You may exclude membership, which would reveal race, sex, color, pregnancy, religion, national origin, sexual orientation, marital status, disability, age, veteran, or any other basis protected by law.)

Other Qualifications (Summarize special job-related skills and qualifications acquired from employment or other experience.)

Specialized skills (Skills, Equipment Operated/Software used).

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

_____ YES _____ NO

Personal/Professional References (Do not include family members or past supervisors already listed above)

Name	Phone Number	Best Time to Call	Occupation

CONVICTION INFORMATION

Have you ever been convicted of a felony that has not been annulled? ____ Yes ____ No (If yes, please fill in below.)

Conviction information will not necessarily bar an applicant from employment.

	Date	Reason	Disposition of Case	Place
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

NOTICE: PLEASE READ BEFORE SIGNING

I certify that answers given 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.

This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applicants are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

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.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE NOTICE SECTION

_____	/	_____	/	_____
(Print name)		(Signature)		(Date)