



**EMPLOYMENT HISTORY** List employment starting with the most recent employer (last 10 years)

**Last Employer** \_\_\_\_\_ Type of Business \_\_\_\_\_

Address No. Street City State Zip

Telephone No. (\_\_\_\_) \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Pay: Start \_\_\_\_\_ End \_\_\_\_\_

Your Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**Employer** \_\_\_\_\_ Type of Business \_\_\_\_\_

Address No. Street City State Zip

Telephone No. (\_\_\_\_) \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Pay: Start \_\_\_\_\_ End \_\_\_\_\_

Your Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**Employer** \_\_\_\_\_ Type of Business \_\_\_\_\_

Address No. Street City State Zip

Telephone No. (\_\_\_\_) \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Pay: Start \_\_\_\_\_ End \_\_\_\_\_

Your Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**MILITARY SERVICE**

Have you ever served in the U. S. Armed Forces? YES \_\_\_\_\_ NO \_\_\_\_\_

Was discharge honorable? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you a disabled vet? YES \_\_\_\_\_ NO \_\_\_\_\_ Are you a Vietnam Vet? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you an "other" eligible veteran? YES \_\_\_\_\_ NO \_\_\_\_\_ Reason of eligibility: \_\_\_\_\_

Have you obtained any special skills or abilities as the result of service? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, describe: \_\_\_\_\_

**REFERENCES** List below persons who have knowledge of your work performance

**Name** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Years Acquainted** \_\_\_\_\_ **Phone No.** (\_\_\_\_) \_\_\_\_\_

Address No. Street City State Zip

**Name** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Years Acquainted** \_\_\_\_\_ **Phone No.** (\_\_\_\_) \_\_\_\_\_

Address No. Street City State Zip

**EMERGENCY CONTACT INFORMATION:** (This MUST be filled in)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone No. \_\_\_\_\_

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

**Read and Sign Below:** Applicant Certification, Authorizations and Understandings

*I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application, (or have given the answers to \_\_\_\_\_ who wrote in my responses). I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection or for immediate discharge if I am employed, regardless of the time elapsed before discovery.*

*I understand and agree that if my employment with Amalie Oil Company requires me to drive a company owned or leased vehicle, I must be an eligible licensed driver and insurable with Amalie Oil Company's insurance company, notwithstanding any high-risk requirement. If I am ever unable to meet this requirement, my employment may be subject to change, alteration, and/or dismissal from Amalie Oil Company.*

*I hereby authorize Amalie Oil Company, to thoroughly investigate my references, work record, education and criminal convictions. Matters related to my suitability for employment and authorize my former employers to disclose any and all letters, reports, and other information related to my work history and records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.*

*I understand that nothing contained in the application or conveyed during any interview is intended to create an employment contract. In addition, I understand and agree that if I am employed my employment is not for a definite period of time and may be terminated at any time, with or without prior notice, and without regard to my work history with the Company, at the option of either myself or the Company. No promises or representations contrary to the foregoing are binding unless made in writing and signed by me and the company's designated representative.*

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature



Job Offered By: \_\_\_\_\_ Date: \_\_\_\_\_ Dept: \_\_\_\_\_

Position: \_\_\_\_\_ Date/Time Reporting: \_\_\_\_\_

Time: \_\_\_\_\_ Salary/Hourly: \_\_\_\_\_ Job Class Code: \_\_\_\_\_

Approved to Start By: \_\_\_\_\_

Signature

Title

Date

Payroll Dept. only: A/S 400, G07111, 6 – If Disabled Vet is a "Y", then Veteran must be an "N". If Disabled Vet is an "N", the Veteran must be one of the following: Vietnam "V"; Other "O"; all others must be coded as an "N". Please fill in each of the following:

Disabled Vet: "Y" or "N": \_\_\_\_\_ Veteran: "V", "O" or "N": \_\_\_\_\_