



## APPLICATION FOR EMPLOYMENT

A-B Petroleum is an Equal Opportunity Employer and does not discriminate because of age, color, creed, handicap, national origin, race, sex or Vietnam-era veteran status.

PERSONAL

Full name	Last			First	Middle	(Nickname)	Today's date
Present address	Number & Street			City	State	Zip Code	How long have you lived there?
Previous address	Number & Street			City	State	Zip Code	How long have you lived there?
Home phone	Alternate phone where message can be left.			Social Security number			
Who should we notify in case of emergency?	Please list person's phone number						
List the names of any relatives or friends employed at A-B Petroleum.	Date of Birth			Driver's License number and state			
Have you ever applied to or worked for A-B Petroleum before?	If yes, indicate where and when						
How were you referred to us?	Employee	Newspaper	Walk-In	Employment Agency	School	Other	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify
If in U.S. military service, what branch?	What were the dates?						
What was your rank?	What special training did you receive?			Are you presently in the National Guard or Reserve?			
If you are not U.S. Citizen what is your current visa status?	What is your visa expiration date?						
Have you ever been refused or do you believe you might be rejected for bonding?	If yes, please explain.						
Have you been convicted of a felony? (Conviction does not automatically exclude you from employment consideration.)	If yes, please explain.						

EMPLOYMENT & SKILLS

What position do you desire?	Salary or hourly rate required	What date will you be available for employment?		
What other positions do you feel qualified to perform?	Will you operate a cash register?	Will you work weekends?		
Are you looking for full time, temporary, part time or summer work?	If part time, what days and hours can you work?			
Will you work nights?	If yes, circle one or both	2:00 P.M.-10:00 P.M. 10:00 P.M.- 6:00 A.M.	Will you work overtime?	Will you work rotational shifts?
Are you willing to work at various locations?	Do you have adequate transportation available to you to commute to different stores?			
If employed by us, would you be employed with any other organization or be self-employed?	If yes, please explain.			
If employed, why do you wish to change your position?				
Does your employer know of your intention to change your position?	May we contact your present employer for reference?			

EDUCATION

School	Name and Location	Dates attended				Did you Graduate	Diploma or Degree Earned	Major Field or Study
		From	To	From	To			
		Mo.	Yr.	Mo.	Yr.			
Elementary								
High School								
Business, Vocational or Junior College								
College								
Other College or Graduate School								
What further training or special courses have you had since leaving school?		Are you continuing your education in the evening?						

EMPLOYMENT HISTORY

HEALTH

List below your employment, beginning with the present or last place worked (include part-time and summer experience):

Company Name and Address	Dates Worked				Job Title	Salary	Reason for Leaving	Name and Title of Supervisor
	From		To					
	Mo.	Yr.	Mo.	Yr.				
1.					Initial	Intital		
	Phone #				Present or Final	Final		
2.					Initial	Intital		
	Phone #				Final	Final		
3.					Initial	Intital		
	Phone #				Final	Final		
4.					Initial	Intital		
	Phone #				Final	Final		

Indicate by number which of the above jobs you liked most.

Indicate by number which of the above jobs you liked least.

Explain any lapsed time in your above employment.

An affirmative answer to questions in this section does not automatically exclude you from employment consideration.

How would you describe your health?	Excellent <input type="checkbox"/>	Average <input type="checkbox"/>	Below Average <input type="checkbox"/>	How many days have you missed from work because of illness in the past 12 months?
Store employees are required to stand a major portion of the work day. Do you have any restrictions that would limit or prevent you from doing so, such as dizzy spells, varicose veins, back, circulatory, foot, hip or knee problems, etc?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain.				
Store employees are required to do a considerable amount of carrying and lifting of merchandise. Do you have any restrictions that would limit or prevent you from performing these duties, such as arthritis, back problems, bursitis, heart trouble, hernia, truck shoulder, etc?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain.				
Store employees are also required to clean, dust and sweep the facilities daily. Do you have any restrictions that would limit or prevent you from performing these duties, such as allergies, asthma, chronic cough, emphysema, etc?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain.				
Are you taking any medication that might affect your job performance?		If yes, please explain.		
Have you ever had an application for life insurance rejected, rated up, restricted, postponed, or withdrawn?		If yes, please explain.		
Have you received, applied for or intend to apply for compensation for prior or existing injuries?		If yes, please explain.		

I voluntarily give A-B Petroleum the right to investigate all statements contained in this application and do hereby release from all liability or responsibility all persons, schools and organizations who supply information concerning my activities and past employment. I agree that, if the Company finds I have made any intentional omissions or misrepresentations on this application, it may eliminate me from further consideration or withdraw any offer of employment or terminate my employment without any obligation on its part, except for payment to me for services already rendered. If I am employed by the Company, I understand my employment will be on a trial basis for sixty days. During this period I

may resign without the customary notice and likewise be released without notice. I will abide by all Company policies and procedures and will comply with all safety requirements and wear or use protective clothing or devices required by federal or state law and the Company.

I further understand that I may be required to participate in interviews or investigations by the Loss Prevention Department prior to and/or during my employment with A-B Petroleum.

I hereby acknowledge that I have read the above statement, understand it and agree to abide by its terms.

Signature \_\_\_\_\_

Date \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

OFFICE USE

Interviewed by		Date	
Remarks: _____			
Date Hired	Station #	Position	Salary/ Hourly Wage
Approved by: 1.		2.	
SUPERVISOR		GENERAL MANAGER	