



# FARMERS UNION OIL COMPANY

KENMARE / POWERS LAKE / BOWBELLS

## Employment Application

### NOTICE TO APPLICANTS

Farmers Union Oil Company is an equal opportunity employer and does not discriminate against employees or job applicants on the basis of race, religion, color, sex, age, national origin, handicap, disability, or any other status or condition protected by applicable state or federal laws, except where a bona fide occupational qualification applies.

*Employment requires a pre-employment drug/alcohol test and background check.*

Date of Application: \_\_\_\_\_

### APPLICANT INFORMATION

Last Name:		First Name:		Initial:	
Physical Street Address/Apartment/Unit					
Mailing Address if different: (PO Box Number)					
City:		State:		Zip Code:	
Phone:		Email Address:			
How long have you resided in ND:			Social Security Number:		
Position Applied For:			Desired Wage:		
How did you hear of this opening?					
Are you able to lift a minimum of 40 pounds? YES <input type="checkbox"/> NO <input type="checkbox"/>					
If you are offered employment, do you have the legal right to work in the US? YES <input type="checkbox"/> NO <input type="checkbox"/>					
If currently a high school student, what activities are you involved in?					
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> Explain:					
Date Available:		Work Schedule Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time/what hours available:			
<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>

### EDUCATION

<b>High School</b>				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
<b>College</b>				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
<b>Other</b>				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

**SPECIALIZED TRAINING, SKILLS OR QUALIFICATIONS:****PROFESSIONAL REFERENCES - Please list three references (not family or friends)**

Name	Address	Title	Phone Number

**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 <input type="checkbox"/>	NO <input type="checkbox"/>	
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 <input type="checkbox"/>	NO <input type="checkbox"/>	
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 <input type="checkbox"/>	NO <input type="checkbox"/>	

*Attach extra sheets using the same format for any additional employment history*

## DISCLAIMER, AGREEMENT AND SIGNATURE

Please read carefully and initial each paragraph before signing below.

I, \_\_\_\_\_ (printed name) hereby certify that all statements on this application and information is found to be false in any way, I am subject to dismissal without notice. I hereby authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

\_\_\_\_\_ INITIAL

By signing below, I understand that my employment with the company may depend upon successful completion of a background check that will include personal information regarding me, including but not limited to, educational history, work references, driving record and criminal convictions in order to assist the company in making certain employment decisions. I hereby consent to such screenings and record checks.

\_\_\_\_\_ INITIAL

I release all individuals, companies, corporations and agencies, private and public, connected therewith from any and all liability associated with dissemination of such information. I further understand that the company will make every effort to verify the accuracy of its reports but is not responsible for third-party data entry errors or inaccurate information maintained by government agencies.

\_\_\_\_\_ INITIAL

I understand if I am hired I will be employed at-will, which means that my employment can be terminated, with or without cause and with or without notice, at any time at the option of the company or myself.

\_\_\_\_\_ INITIAL

I give permission for a complete check of my driving record including any state where I presently have or have had a driver's license or permit as may be deemed necessary in judging my capability to do the work for which I am applying.

\_\_\_\_\_ INITIAL

I understand that Farmers Union Oil is an alcohol/drug free workplace. I understand that I will be subject to a pre-employment drug/alcohol screening and/or a random drug/alcohol testing at any time.

\_\_\_\_\_ INITIAL

The company is smoke-free; I agree to abide by the company's smoking policies.

\_\_\_\_\_ INITIAL

Signature:

Date: