

(USE LAST PAGE IF MORE SPACE IS NEEDED)

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?

_____ YES _____ NO

B. HAS ANY LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?

_____ YES _____ NO

IF THE ANSWER IS YES TO EITHER A OR B, ATTACH A STATEMENT GIVING DETAILS

EMPLOYMENT RECORD - STARTING WITH MOST RECENT

LIST EMPLOYMENT FOR LAST 10 YEARS

(USE LAST PAGE IF MORE SPACE IS NEEDED)

LAST EMPLOYER: NAME			PHONE
ADDRESS			
POSITION HELD	FROM	TO	SALARY
REASON FOR LEAVING			

SECOND EMPLOYER: NAME			PHONE
ADDRESS			
POSITION HELD	FROM	TO	SALARY
REASON FOR LEAVING			

THIRD EMPLOYER: NAME			PHONE
ADDRESS			
POSITION HELD	FROM	TO	SALARY
REASON FOR LEAVING			

FOURTH EMPLOYER: NAME			PHONE
ADDRESS			
POSITION HELD	FROM	TO	SALARY
REASON FOR LEAVING			

A. HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE?

_____ YES _____ NO *IF NO, SKIP TO B.*

DATES: FROM _____ TO _____ RATE OF PAY _____ POSITION _____

REASON FOR LEAVING _____

B. ARE YOU CURRENTLY EMPLOYED?

_____ YES

_____ NO

IF YES, SKIP TO C.

HOW LONG SINCE LAST EMPLOYMENT?

C. WHO REFERRED YOU?

RATE OF PAY EXPECTED

D. IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED?

_____ YES

_____ NO

IF YES, EXPLAIN IF YOU WISH

EDUCATION, TRAINING, & RECOGNITION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

LIST STATES OPERATED IN FOR LAST FIVE YEARS

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

CONVICTIONS

DO YOU HAVE ANY PRIOR CONVICTIONS IN A COURT OF LAW?

_____ YES

_____ NO

IF YES, PLEASE EXPLAIN

OTHER

PLEASE DESCRIBE ANYTHING ELSE THAT DEMONSTRATES YOUR ABILITY TO PERFORM THE JOB APPLIED FOR.

ADDITIONAL INFORMATION:

TO BE READ AND SIGNED BY APPLICANT

I AUTHORIZE YOU TO MAKE SUCH INVESTIGATIONS AND INQUIRIES OF MY PERSONAL , EMPLOYMENT , FINANCIAL OR MEDICAL HISTORY, AND OTHER RELATED MATTERS AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. (GENERAL INQUIRIES REGARDING MEDICAL HISTORY WILL BE MADE ONLY IF AND AFTER A CONDITIONAL OFFER OF EMPLOYMENT HAS BEEN EXTENDED.) I HEREBY RELEASE EMPLOYERS, SCHOOLS, HEALTH CARE PROVIDERS AND OTHER PERSONS FROM ALL LIABILITY IN RESPONDING TO INQUIRIES AND RELEASING INFORMATION IN CONNECTION WITH MY APPLICATION. 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 COMPANY.

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME AND THAT ALL ENTRIES ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DATE:

APPLICANTS SIGNATURE:

THANK YOU FOR YOUR INTEREST IN EMPLOYMENT AT FOSTER FUELS, INC.