



FOSTER FUELS, INC.

16720 BROOKNEAL HWY / P.O. BOX 190 • BROOKNEAL, VA 24528
PHONE: (434) 376-2322 FAX: (434) 376-5969

PHONE: _____

POSITION APPLIED FOR: _____ DATE: _____

NAME: _____
(first) (middle) (last)

DATE OF BIRTH: _____ SOCIAL SEC. NO. _____

CURRENT ADDRESS: _____
(street / city / state / zip code) (how long)

PREVIOUS ADDRESSES (LIST FOR PAST THREE YEARS) _____
(street / city / state / zip code) (how long)

(street / city / state / zip code) (how long)

(USE LAST PAGE IF MORE SPACE IS NEEDED)

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

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:

LIST COMPUTER EXPERIENCE / SKILLS:

LIST OTHER RELEVANT SKILLS

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:

INFORMATION RELEASE

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.