



PO BOX 2290 719 HWY 63 WEST JASPER TX 75951
TEL: 409-383-0555 FAX: 409-383-0035 EMAIL: jasperoilco@gmail.com

APPLICATION FOR EMPLOYMENT (Equal Opportunity Employer)

NAME: _____

ADDRESS: _____

TELEPHONE: (____) _____ SOCIAL SECURITY # _____ - _____ - _____

DATE AVAILABLE FOR EMPLOYMENT: _____

If employed and under 18, can you furnish a work permit? Yes No

Have you ever been employed by this company? Yes No

Are you employed now? Yes No

May we contact your present employer? Yes No

If yes, give contact name and phone number: _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No

Type of work desired: _____

If applying for a position where driving is required, do you have a valid driver's license in this state? Yes No

License # _____

Can you perform the essential functions of the job(s) for which you are applying? Yes No

Are you available to work? FULL-TIME PART-TIME OVER-TIME
 Morning's Evening's Night's

Have you been convicted of a felony? Yes No
(Please note that a "Yes" answer will not bar you from consideration for employment.)

If yes, please explain: _____

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws. This company will strive to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of the job.

Education

	Elementary	Secondary	College	Graduate
School Name & Address	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Course of Study	_____	_____	_____	_____

Special Skills, Qualifications and Considerations:

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking:

References:

List three (3) non-relatives who are familiar with your qualifications, work history, and ability.

Name	Occupation/Relationship	Years Known	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment Experience:

Employer: _____ Supervisor's Name: _____

Address: _____ Your Job Position: _____

Telephone Number: _____ Employed from: _____ (mo/yr) to _____ (mo/yr)

Your Salary: Starting/Ending: _____ Duties: _____

What did you like most about your job? _____

Reason for Leaving: _____

Employer: _____ Supervisor's Name: _____

Address: _____ Your Job Position: _____

Telephone Number: _____ Employed from: _____(mo/yr) to _____(mo/yr)

Your Salary: Starting/Ending: _____ Duties: _____

What did you like most about your job? _____

Reason for Leaving: _____

Employer: _____ Supervisor's Name: _____

Address: _____ Your Job Position: _____

Telephone Number: _____ Employed from: _____(mo/yr) to _____(mo/yr)

Your Salary: Starting/Ending: _____ Duties: _____

What did you like most about your job? _____

Reason for Leaving: _____

Employer: _____ Supervisor's Name: _____

Address: _____ Your Job Position: _____

Telephone Number: _____ Employed from: _____(mo/yr) to _____(mo/yr)

Your Salary: Starting/Ending: _____ Duties: _____

What did you like most about your job? _____

Reason for Leaving: _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. By signing below, I authorize **JASPER OIL COMPANY** to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

If hired I will be responsible for familiarizing myself with all rules and regulations of **JASPER OIL COMPANY** as they presently exist or are later modified. *If hired, I understand my employment can be terminated, at the discretion of **JASPER OIL COMPANY** or at my option, without notice, at any time and for any reason.*

I also understand that no representative of **JASPER OIL COMPANY** has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the president of **JASPER OIL COMPANY**.

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

JASPER OIL COMPANY is committed to providing a safe, efficient, and productive work environment for all employees. Using or being under the influence of drugs or alcohol on the job may pose serious safety and health risks. To help ensure a safe and healthful working environment, employees may be asked to provide body substance samples (such as urine and/or blood) to determine the illicit or illegal use of drugs and alcohol. Refusal to submit to drug testing may result in disciplinary action, up to and including termination of employment.

Applicants will be required to submit to a pre-employment drug test and employees may be subject to random drug tests. Any applicant testing positive for any illegal drugs will not be considered for employment. Any current employee testing positive for illegal drugs may be terminated immediately. If you are currently prescribed any medications which may result in a positive drug test, it is your responsibility to inform the company.

I have read, understand, and agree with the above.

Signature of Applicant

Date

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.



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NOTICE BEFORE ORDERING CONSUMER REPORTS

(Including Motor Vehicle Reports and Credit Reports)

The Fair Credit Reporting Act (FCRA) provides individuals with certain rights regarding consumer reports and places certain obligations on employers using consumer reports for employment-related purposes. Consistent with the FCRA'S requirements, this notice is provided to you in order to inform you that **JASPER OIL COMPANY** may, for employment-related purposes (e.g., evaluating you for initial employment, promotions, transfers, assigned duties, retention as an employee, etc.), obtain from a consumer reporting agency one or more consumer reports containing financial information, criminal record information, driving record information and/or other relevant information about you. **JASPER OIL COMPANY** will not obtain a consumer report without your signature below authorizing us to obtain one or more consumer reports.

AUTHORIZATION TO OBAIN CONSUMER REPORTS

I hereby acknowledge that I have read and understand the contents of the above notice and, by signing below, specifically authorize **JASPER OIL COMPANY** to obtain one or more consumer reports on me for employment-related purposes as indicated above.

First Name (please print)

Middle Initial

Last Name

Signature

Date