



**C.E. TAYLOR OIL, INC.  
P.O. BOX 757  
WASHINGTON, IN 47501**

<b>P E R S O N A L</b>	LAST NAME FIRST MIDDLE			DATE
	STREET ADDRESS			HOME PHONE
	CITY, STATE, ZIP		SOCIAL SECURITY NO.	BUSINESS PHONE
	HAVE YOU APPLIED FOR EMPLOYMENT WITH US BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, MONTH AND YEAR	LOCATION
	ARE YOU 21 YEARS OLD OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>	POSITION DESIRED	DATE YOU CAN START	PAY DESIRED

<b>E D U C A T I O N</b>	<b>SCHOOL LEVEL</b>	<b>NAME &amp; LOCATION OF SCHOOL</b>	<b>YRS. ATTENDED</b>	<b>DID YOU GRADUATE</b>	<b>SUBJECTS STUDIED</b>
	HIGH SCHOOL				
	COLLEGE				
	TRADE, SPECIAL TRAINING SKILLS				

**BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.**

<b>R E F E R E N C E S</b>	<b>NAME</b>	<b>ADDRESS</b>	<b>BUSINESS</b>	<b>PHONE #</b>
	<b>1</b>			
	<b>2</b>			
	<b>3</b>			

<b>HAVE YOU BEEN CONVICTED OF A FELONY ?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, EXPLAIN, (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)		

PLEASE COMPLETE REVERSE SIDE...

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

*Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.*

### AUTHORIZATION

I UNDERSTAND THAT ALL OFFERS OF EMPLOYMENT ARE CONTINGENT UPON ALCOHOL AND DRUG TEST RESULTS.

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

I AUTHORIZE C.E. TAYLOR OIL, INC., TO INVESTIGATE ANY FACTS, OR OBTAIN REPORTS REGARDING THIS APPLICATION WITH THE CREDIT BUREAU OR OTHER AGENCIES.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE