



C. E. Taylor Oil, Inc.
10105 Hedden Road
Evansville, IN 47725

Application for Employment

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of Operations & Human Resources.

PERSONAL	Name (Last, First, Middle):		Date of Application: / /		
	Street Address:		City, State & Zip:		
	E-mail Address:		Primary Telephone:	Secondary Telephone:	
	Have you ever been employed by us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment, position & location:		Are you at least 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, proof of citizenship will be required within 3 days of start date.		Type of employment desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
	Position Applying For:		Date available for work: ___/___/___	Desired pay: \$ _____	
	If required for position, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, State of issuance, license #, and expiration date:		

EDUCATION	NAME OF SCHOOL	CITY/STATE	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
	High School:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College::			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.				

REFERENCES	GIVE THE NAMES OF THREE PROFESSIONAL REFERENCES THAT ARE NON-RELATED, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.				
		NAME	ADDRESS	BUSINESS	PHONE
	1				
	2				
	3				

HAVE YOU BEEN CONVICTED OF A FELONY? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain (will not necessarily exclude you from consideration):

EMPLOYMENT HISTORY

Name of Present or Last Employer			Phone		
Address		City		State	Zip
Start Date ____/____/____		End Date ____/____/____		Job Title	
Starting Pay	Ending Pay	Supervisor & Title			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties					
Reason for Leaving					
Name of Previous Employer			Phone		
Address		City		State	Zip
Start Date ____/____/____		End Date ____/____/____		Job Title	
Starting Pay	Ending Pay	Supervisor & Title			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties					
Reason for Leaving					
Name of Previous Employer			Phone		
Address		City		State	Zip
Start Date ____/____/____		End Date ____/____/____		Job Title	
Starting Pay	Ending Pay	Supervisor & Title			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties					
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 investigations of all statements contained herein, references and employees listed above to give you any and all information concerning my previous employment and any pertinent information they may have 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 fact, or obtain reports regarding this application with the credit bureau or other agencies.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Applicant Signature: _____ Date: _____