



EMPLOYMENT QUALIFICATION

An Equal Opportunity Employer

Date

Name (First) (Middle) (Last)

Are you over 18 years old? Yes No We abide by the age discrimination in Employment Act. Social Security Number Home Phone ()

Residence Address (Street and Number) Apartment Number

City State Zip Code Since (Month/Year)

Previous Residence (if in this country) (Street and Number) Apartment Number

City State Zip Code How long at this address?

If your residence at present and previous address shown do not total at least 5 years, please turn the page now and give other previous addresses under "Supplementary Information".

Position or Type of Employment Desired

Available for: Full-Time Part-Time Temporary Shift Work Travel Date Available Days/Times Desired

Can you, after employment, submit verification of your legal right to work in the United States? Yes No

Skills: (List skills, licenses and certifications.)

Do you have relatives or friends in the petroleum or convenience store industries in the vicinity? Yes No (If yes, please state relationship to you, name of company and position.)

Have you ever applied to this company before? Yes No If yes, when and where?

How did you choose to apply to this company? Were you referred? Yes No If yes, by whom?

Did you ever work under another name? Yes No If yes, please state the name you worked under.

If hired, do you have a reliable means of transportation? Yes No If yes, what is it?

Are you a layoff and subject to recall? Yes No If yes, please explain.

Have you ever been discharged or asked to resign from any position? Yes No If yes, please explain.

How many days have you missed or been late to work within the past 12 months for reasons other than personal sickness? Days: Please explain.

Have you been convicted of a felony in the last 7 years? Yes No On parole? Yes No Probation before verdict? Yes No Awaiting trial? Yes No

If yes, state the nature of the offense and disposition of the case. Include dates and places. 1.

2.

Note: A felony conviction or the existence of a criminal record does not constitute an automatic bar to employment.

If employed, is your employer aware that you are contemplating change? Yes No Please state reason for wanting to leave your present position. May we contact your current employer? Yes No

Do you have any other employment applications pending? Yes No If this application is for part-time work, does your present employer object to you obtaining part-time employment? Yes No

If you have had Military Service in the Armed Services of this Country, please provide the following information.

Number of years served: Specialized assignments or training courses: Branch of Service (Army, Navy, etc.)

Please provide names, addresses, and telephone numbers of 3 personal references (not relatives or former employers):

Name Address City, State Telephone Number (please include area code)

1.

2.

3.

From	To	Name of School and Location	Circle Last Year Attended	Indicate Highest Grade Completed	Did you graduate?	Course or Degree
		High School	9 10 11 12			
Mo/Yr / /	Mo/Yr / /	College/University	1 2 3 4			
Mo/Yr / /	Mo/Yr / /	Graduate School	1 2 3 4			
Mo/Yr / /	Mo/Yr / /	Business/Trade/Other	1 2 3 4			
If you did not graduate, why did you leave your last school?				Do you intend to return to school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you are a college graduate, what was your major?			Minor?			

Previous Employment (Please include summer and part-time work.) If **not employed**, please show how your time was spent.

1	From	Current Employer	Telephone Number	Name of Immediate Supervisor	Reason for Leaving		
	To	Complete Address (Street, City, State)		Position Held	Earnings <input type="checkbox"/> HRLY <input type="checkbox"/> MTHLY <input type="checkbox"/> WKLY <input type="checkbox"/> YRLY	Start	Finish
2	From	Current Employer	Telephone Number	Name of Immediate Supervisor	Reason for Leaving		
	To	Complete Address (Street, City, State)		Position Held	Earnings <input type="checkbox"/> HRLY <input type="checkbox"/> MTHLY <input type="checkbox"/> WKLY <input type="checkbox"/> YRLY	Start	Finish
3	From	Current Employer	Telephone Number	Name of Immediate Supervisor	Reason for Leaving		
	To	Complete Address (Street, City, State)		Position Held	Earnings <input type="checkbox"/> HRLY <input type="checkbox"/> MTHLY <input type="checkbox"/> WKLY <input type="checkbox"/> YRLY	Start	Finish
4	From	Current Employer	Telephone Number	Name of Immediate Supervisor	Reason for Leaving		
	To	Complete Address (Street, City, State)		Position Held	Earnings <input type="checkbox"/> HRLY <input type="checkbox"/> MTHLY <input type="checkbox"/> WKLY <input type="checkbox"/> YRLY	Start	Finish
5	From	Current Employer	Telephone Number	Name of Immediate Supervisor	Reason for Leaving		
	To	Complete Address (Street, City, State)		Position Held	Earnings <input type="checkbox"/> HRLY <input type="checkbox"/> MTHLY <input type="checkbox"/> WKLY <input type="checkbox"/> YRLY	Start	Finish

Supplementary Information

I authorize Ewing Oil to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand that any false answers, statements, or implications made by me on this application or other required documents shall be considered cause for denial of employment or discharge.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this Company at anytime thereafter. If requested, I will take a physical examination (post-job offer) and employment will be conditional upon passing such examination. During such employment, I understand and agree that, in the event I receive medical treatment for any condition, including physical, psychological, emotional, or psychiatric conditions that are job related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

I understand and agree that this application and all other Company documents are not employment contracts, express or implied, and that anyone who is hired may voluntarily leave employment or may be terminated by the Company at any time and for any reason. I understand and agree that no employee of the Company has any authority to enter into any agreement for employment for a specified time or make any agreement contrary to the foregoing unless agreed to in writing and signed by an officer of the Company. I understand that the Ewing Oil Drug-free Workplace Policy prevents the unlawful manufacture, distribution, possession or use of a controlled substance, drug or alcoholic beverage in the workplace and on Company premises. I understand and agree that any violation of the Ewing Oil Drug-free Workplace Policy will subject an employee to immediate disciplinary action, up to and including dismissal. I further understand that if I become an employee of Ewing Oil that I will be expected to abide by the Ewing Oil Drug-free Workplace Policy.

Please Note: I agree to the following conditions of employment:

1. Drug Screening Evaluation, if requested.
2. Meeting minimum age requirements of applicable laws and submitting proof of age, if required.
3. Meeting attendance and performance requirements.
4. Conforming to other Company rules, regulations and instructions.

Important: I swear and affirm that all statements in this application are true and correct, and if any information submitted is false it shall be cause for dismissal. I understand that employment may be contingent upon receipt of Alien Registration Number, proof of age, and any other pertinent information bearing upon my continued employment. This application will remain under consideration for 60 days.

I have read and understand the above.

Signature _____

Date _____