Application for Employment

Petroleum Marketing Equipment
740 Monroe Way
Placentia, CA 92870

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommadation to the application and/or interview process should contact a representative of the Personnel Department.

PLEASE PRINT

Positions(s) applied for_____Date of application____/____/____

Name_____
Last First Middle

Address_____
Street City State Zip Code

Telephone ( ) _____ Email Address_____

If you are under 18, can you furnish a work permit? ..... ☐ Yes ☐ No
Have you ever been employed here before? ..... ☐ Yes ☐ No
Are you legally eligible for employment in this country? ..... ☐ Yes ☐ No
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work ..... ____/____/____

Type of employment desired ☐ Full-Time ☐ Part-time ☐ Temporary ☐ Seasonal ☐ Educational Co-op

Are you able to meet the attendance requirements of the position?..... Yes No

Driver's license_____ State_____ Expiration Date: ____/____/_____

Employment History
List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.

From	To	Employer	Telephone ( )
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

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Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

Skills and Qualifications

Summarize any training, skills, licenses, certificates and/characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying_____

_____

_____

Please list career goals_____

_____

_____

Educational Background (if job-related)

Name and Location	Years Completed	Did You Graduate?		Course of Study
High School				
College		Major	Degree	
Other				

Work / Professional References

Name	Company	Phone No
Title	Email	
Name	Company	Phone No
Title	Email	
Name	Company	Phone No
Title	Email	

Personal Reference

Name	Address (Street,City, State, Zip)	
Phone No	Email	Relationship

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and with or without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

We require pre-employment physicals which include testing for drugs.

Signature of Applicant_____ **Date**_____/_____/_____