

# Application For Employment Rebel Oil Company

How did you hear about us? Newspaper \_\_\_ Radio \_\_\_ Referral \_\_\_ Other \_\_\_

HOURS DESIRED _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hourly Wage Desired _____	Position Applied For _____  Referred By _____
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Name (Print)	Last	First	Middle	Social Security Number
ADDRESS		NO. & STREET	CITY	STATE & ZIP
TELEPHONE				HOW LONG
Present:				
Last				
Previous				

Can you, after employment, submit verification of your legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do You Own A Car? Yes <input type="checkbox"/> No <input type="checkbox"/>	Auto License No. & State: _____
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Have You Ever Worked For or Applied For Work At Rebel? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, where and when?	Do You Gamble? Yes <input type="checkbox"/> No <input type="checkbox"/>	Ever use Drugs or Narcotics? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Have You Ever Been Convicted of A Felony? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so give details:	A Yes will not necessarily disqualify applicant from the job applied for
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Education High School	Graduate Yes <input type="checkbox"/> No <input type="checkbox"/>
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College University	Degree Yes <input type="checkbox"/> No <input type="checkbox"/>	Major
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Technical College	Subject Studied:
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References (Local) Name	Address	Telephone	Occupation

Employment History for past 10 years (List last employer first) Account for all periods of unemployment

From	To	Employer	Type of Work	Pay	Reason For Leaving

In Emergency, Notify the following:

Name	Phone:
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Name:	Phone:
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The undersigned applicant certifies that all statements made herein are true and correct to the best of their knowledge and belief and further that such certification is made with the full knowledge that any false statement herein is grounds for denial of employment, or basis for dismissal if already employed.

I agree to abide by all station rules and procedures.

Signature of Application \_\_\_\_\_ (Over)

Date Employed \_\_\_\_\_ Date Left Employment \_\_\_\_\_