



APPLICATION FOR EMPLOYMENT

It is the policy of Tri-Gas & Oil to provide equal opportunity with regards to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability veteran status, age or any protected classification.

Date _____ / _____ / _____

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ City _____ State _____ ZIP _____

Telephone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Are you 18 years of age or older? Yes No

Are you legally authorized to work in the United States? Yes No

Have you been convicted of a felony in the past 7 years? Yes No

EMPLOYMENT DESIRED

Position applied for _____ Desired Salary _____ Date available _____

Referral Source Advertisement Job Fair Walk-in Government Employment Agency
 Staffing Agency Website Employee _____

Type of employment desired? Full-time Part-time Seasonal Temporary

Have you ever been employed by this company? Yes No When? _____ Where? _____

Will you relocate if required Yes No Are you willing to travel? Yes - What percent _____ No

EDUCATIONAL BACKGROUND

High School

Name _____ Location _____

Course/s of Study _____ Years Completed _____ Did you graduate? Yes No
 Diploma GED Degree Certification Other

College

Name _____ Location _____

Course/s of Study _____ Years Completed _____ Did you graduate? Yes No
 Diploma GED Degree Certification Other

Vocational or other training

Name _____ Location _____

Course/s of Study _____ Years Completed _____ Did you graduate? Yes No
 Diploma GED Degree Certification Other

Voluntary Self Identification Form

Tri-Gas & Oil is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as disabled, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

Name _____ Social Security # _____ - _____ - _____

Address _____ City _____

State _____ Zip _____ Telephone # (_____) _____ - _____

Male

Female

EEO-1 Self-Identification

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

Vets Self-Identification

- Disabled Veteran** - A veteran who is entitled to compensation (or who but for receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or A person who was discharged or released from active duty because of a service connected disability.
- Recently Separated Veteran** - Any veteran during the three-year period beginning on the date of such veteran's discharge or released from active duty in the US military, ground, naval or air service.
- Armed Forces Service Medal Veteran** - Any veteran serving on active duty in the US military, ground, naval or air service, who participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive OP order 12985.
- Other Protected Veteran**- A veteran who served on active duty in the US military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

EMPLOYMENT HISTORY

Start with most recent employer, please provide the following information

Company Name _____	Telephone (_____) _____ - _____
Address _____	Name of Supervisor _____
Dates Employed: From _____ To _____	Starting Wage _____ Ending Wage _____
Job Title _____	Responsibilities _____
Reason for leaving _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name _____	Telephone (_____) _____ - _____
Address _____	Name of Supervisor _____
Dates Employed: From _____ To _____	Starting Wage _____ Ending Wage _____
Job Title _____	Responsibilities _____
Reason for leaving _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Company Name _____	Telephone (_____) _____ - _____
Address _____	Name of Supervisor _____
Dates Employed: From _____ To _____	Starting Wage _____ Ending Wage _____
Job Title _____	Responsibilities _____
Reason for leaving _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

References

List three personal references, not related to you, who have known you for more than one year.

Name _____ Phone (_____) _____ - _____ Years Known _____

Address _____

Name _____ Phone (_____) _____ - _____ Years Known _____

Address _____

Name _____ Phone (_____) _____ - _____ Years Known _____

Address _____

Please Read Before Signing:

I certify that all information provided by me on this application (and accompanying resume, if any) are true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand and agree that nothing contained in this application or conveyed during any interview is intended to create an employment contract. I further agree that my employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

If I am offered employment with this company I agree to submit to medical examination and drug testing prior to starting work. If employed I agree to submit to a medical examination or drug testing at any time deemed appropriate by the Company and as permitted by law. I consent to aforementioned test and examination and I request that the examining doctor disclose to the Company the results of the examination and drug test, all results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon a satisfactory medical examination and drug test, and if hired a condition of employment will be that I abide by the Company's Drug and Alcohol Policy.

I hereby acknowledge that I have read and understand the above statements.

Signature _____ Date _____