

INSTRUCTIONS FOR APPLICATION

- You must have Adobe in order to use the application.
- This application can't be filled out on a mobile device. It can only be filled out on the computer.
- If you don't have a computer, you can pick one up at the store you're applying to.
- Fill out the application completely.
- When you're done with the application, hit the print button.
- Change the printer to "Save As PDF" and hit "Print".
- Once you've saved the application, you can email it to info@sheldonoil.com . —

EMPLOYMENT APPLICATION



√ Please complete this application by printing in blue or black ink. INCOMPLETE or UNSIGNED applications will not be considered.

√ We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, or disability.

√ Sheldon Oil Company is a **drug-free workplace**.

PERSONAL DATA

LAST NAME FIRST NAME M.I.

HOME ADDRESS

CITY STATE ZIP CODE

DRIVER'S LICENSE NUMBER / STATE WHERE ISSUED PHONE NUMBER

EDUCATION

	NAME	CITY/STATE	GRADUATE?
HIGH SCHOOL:			
COLLEGE:			
OTHER:			

AVAILABILITY

Please check station you're applying for: Bayside Gardens Garibaldi Shell Beaver Shell
 Pacific City Third Street Willamina Shell
 Gales Creek Banks Shell

What date can you start? _____

What category would you prefer? Full-time Part-time Temporary

For which schedules are you available? Weekdays Weekends Evenings
 (Check all that apply) Nights Overtime Other

WORK EXPERIENCE (List most recent work experience first)

COMPANY NAME: _____ SUPERVISOR NAME: _____

MAY WE CONTACT: _____ YES _____ NO

ADDRESS: _____
Street / P.O. Box City State Zip Code

JOB TITLE: _____ PHONE: _____

JOB DESCRIPTION (duties, skills, equipment used):

DATES: From _____ To _____

REASON FOR LEAVING: _____

WORK EXPERIENCE

COMPANY NAME: _____ SUPERVISOR NAME: _____

MAY WE CONTACT: _____ YES _____ NO

ADDRESS: _____
Street / P.O. Box City State Zip Code

JOB TITLE: _____ PHONE: _____

JOB DESCRIPTION (duties, skills, equipment used):

DATES: From _____ To _____

REASON FOR LEAVING: _____

ADDITIONAL INFORMATION THAT COULD HELP YOU QUALIFY FOR THIS POSITION

Examples include: Classes (including dates), certificates, current licenses, specific equipment and other skills.

LIST REFERENCES (preferably people who know about your work/training)

NAME	ADDRESS	PHONE NUMBER

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment, if hired, may be grounds for termination at a later date. Do you want to be informed before we contact your present employer?

_____ YES

_____ NO

With my signature below, I certify that all information on this and all attached pages is true, correct, and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

SIGNATURE:

DATE:

RELEASE AUTHORIZATION

In connection with my application for employment with you, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information concerning my workers' compensation claims, motor vehicle operation history and criminal history from various states, private and insurance sources along with other public records available. Workers' compensations information will only be requested in compliance with the ADA and / or any other applicable state laws.

I further acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies including Minnesota's Department of Labor. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be so advised and be given the name of the agency or source of information.

Today's Date: _____ Signature: _____



AFFIRMATIVE ACTION QUESTIONNAIRE

The purpose of this section is to assist in monitoring Affirmative Action Programs and to aid in complying with any governmental record keeping or periodic reporting. This information is not part of your employment application, and will not be considered in the employment / selection process. If you choose to provide the information, please complete the following:

Title of job applied for: _____

RACE (check one):

- White-origins in Europe, North America, or Middle East
- Asian-origins in Far East, SE Asia, India, or Pacific Islands
- Black-origins in Africa
- Hispanic-Mexican, Puerto Rican, Cuban, Central or South America
- American Indian-origins in North America, to include Alaska

PHYSICAL CONDITIONS:

- No Handicap
- Physically Handicapped (No Facility Modification)
- Physically Handicapped (Facility Modification)
- Health Handicapped (Heart Attack, Diabetic, Seizures, etc.)
- Mentally Handicapped (Learning Disabled)

SEX:

MALE FEMALE

VETERANS / U.S. MILITARY STATUS

- Non-Veteran
- Pre-Vietnam Veteran
- Pre-Vietnam Veteran with service incurred disability
- Vietnam Era Veteran (08/05/1964 - 05/07/1975)
- Vietnam Era Veteran with service incurred disability
- Post Vietnam Veteran
- Post Vietnam Veteran with service incurred disability

ACTIVE NATIONAL GUARD RESERVIST (check one):

YES NO

INFORMATION ON THIS PAGE WILL BE KEPT IN YOUR PERSONNEL FILE.