

Application for Employment

2719 Stillwater Road
St. Paul, Minnesota 55119
651/739-9141
800/848-9126

Yocum Oil Company, Inc.

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Location _____ Date of application ____ / ____ / ____

Name _____ Social Security # _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Telephone # () _____ Mobile/Pager/Other Phone # () _____ E-mail Address _____

If necessary, best time to call you at home is _____ : _____ AM
PM

If you are under 16, and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Have you ever been employed with Yocum Oil Company, Inc. before? Yes No

If yes, give dates and positions From ____ / ____ / ____ To ____ / ____ / ____ Position _____

Are you legally eligible for employment in this country? Yes No

Date available for work ____ / ____ / ____ What is your desired salary range? \$ _____

Type of employment desired Full-Time Part-Time Temporary Educational Co-Op

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

Will you work overtime if required? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide dates and details _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS THE DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Driver's license number if driving is an essential job function _____ State _____

Employment History

Provide the following information of your past three (3) employers, assignments or volunteer activities, starting with the most recent.

FROM	TO	EMPLOYER	TELEPHONE # ()
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STARTING JOB TITLE	ADDRESS
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IMMEDIATE SUPERVISOR AND TITLE	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES
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MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	
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REASON FOR LEAVING	HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____
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FROM	TO	EMPLOYER	TELEPHONE # ()
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STARTING JOB TITLE	ADDRESS
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REASON FOR LEAVING	HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____
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MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	
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REASON FOR LEAVING	HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____
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Skills and Qualifications

Summarize any training, skills and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background (if job-related)

	NAME AND LOCATION	DATES ATTENDING		DEGREE OR CERTIFICATE	DID YOU GRADUATE? Y/N
		FROM	TO		
HIGH SCHOOL					
COLLEGE					
OTHER					

References (List three (3) below, preferably business related)

NAME	RELATIONSHIP	FIRM NAME	TELEPHONE #
			()
			()
			()

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

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) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I further recognize that employment is subject to:

My undergoing a physical examination by a designated physician and meeting the medical requirements of the position offered to me. Included in that examination will be testing for alcohol and drug use. I recognize that employment is contingent upon my successful completion of such tests, further recognize and agree that, if employed, the Company may exercise its right to conduct alcohol and drug screening and searches.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard. I will sign statements dealing with the employer's policy on Conflict of Interest, Confidential Information and any other required employment forms.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date ____ / ____ / ____

How did you hear about this position?

- Newspaper/Advertisement _____
Please List Advertisement Source
 In-Store Ad Referral _____
Who
 Word of Mouth _____
APPLYNEW.DOC