## Mid Atlantic Petroleum Services, Inc.

An Equal Opportunity Employer

We do not discriminate on the basis of race, religion, national origin, age, veteran status or disability. It is our intention that all qualified applicants be given an equal opportunity and that job selection decisions are based on job-related factors.

## **Application For Employment**

(Please print clearly)

Personal							
Social Security Number:				Date:			
Name:	0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -						
Last				First M.I.			
Present Address:	No.	Street	·	City	State	Zip	
				•		•	
Home Telephone No				Cell Phone No			
Position Applying for:				Rate of pay requested \$per hr/year			
Are you interested in Full time Part time?				Please specify days and hours available:			
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
If your applicatio	n is considered fa	vorably, what dat	te are you availa	ble for work?			
If you are applying for a position with minimum age requirements, you will be required to submit proof of eligibility to work and proof of age. Are you at least 18 years of age?YesNo							
For driving jobs only: Do you have a valid driver's license?YesNo lssuing State:							
Driver's License N	lo		Class	Restrictions			
Have you had yo	our driver's license	revoked or suspe	nded within the	last three years?	YesN	lo	
If hired, can yo	u furnish proof	of your eligibil	ity to work in (	the United States	;?Yes	No	
		a felony?Ye e of the offense, d		(A reply of "yes" on which you are app	does not automatid lying will be consid		
If yes, please expl	ain:	• • • • • • • • • • • • • • • • • •	*******				
Have you previo	usly applied here	?Yes	No	If yes, when?			

<b>Employment History:</b> Begin with the most recent, list the last three employers, include any pertinent military experience.								
May we contact your previo	us employers?Y	esNo (pled	ase initial your prefe	erence)				
Name of Company:	Business Addres	is:		Phone Number:				
Type of Business:	Immediate Sup	ervisor:	Dates of Employ	ates of Employment:				
Job Title:	Starting Pay:	Ending Pay:	Reason for Leaving:					
Description of Duties:		.1	l					
Name of Company:	Business Addres	is:		Phone Number:				
Type of Business:	Immediate Sup	Immediate Supervisor: Dates of Em		loyment:				
Job Title:	Starting Pay:	Ending Pay:	Reason for Leaving:					
Description of Duties:		_						
				In N. I				
Name of Company:	Business Addres	·S:		Phone Number:				
Type of Business:	Immediate Sup	ervisor:	Dates of Employ	Dates of Employment:				
Job Title:	Starting Pay:	Ending Pay:	Reason for Leaving:					
Description of Duties:								
		A 220 J9b						
I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later time. I understand that the employer may request an investigative report based on the information I have provided. I give permission to the employer to contact all references listed to gain information concerning my previous education, work, and criminal history. The information provided by me is to assist the employer in an employment decision. I release such persons and organizations providing information from any legal liability in making such statements. I UNDERSTAND THAT THIS APPLICATION AND SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT WILL AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE.								
I have read, understand, and by my signature agree to these statements  Date								