Farmers Union Oil Company

Application for Employment

Farmers Union Oil Company of Circle / Terry

An Equal Opportunity Employer

GENERAL INFORMATION

DATE

POSITION APPLYING FOR

FULL NAME

TELEPHONE

STREET ADDRESS

CITY

STATE

ZIP CODE

TYPE OF EMPLOYMENT SOUGHT

☐ Full-time ☐ Part-time ☐ Seasonal

EMPLOYMENT EXPERIENCE

List employment beginning with your most recent position. Include military service if applicable.

Employer 1

DATES EMPLOYED — FROM

TO

EMPLOYER

ADDRESS

CITY

STATE

ZIP CODE

SUPERVISOR

WAGE / SALARY

DESCRIBE DUTIES

REASON FOR LEAVING

MAY WE CONTACT THIS EMPLOYER?

IF NO, WHY?

☐ Yes ☐ No

Employer 2

DATES EMPLOYED — FROM

TO

EMPLOYER

ADDRESS

CITY

STATE

ZIP CODE

SUPERVISOR

WAGE / SALARY

DESCRIBE DUTIES

REASON FOR LEAVING

MAY WE CONTACT THIS EMPLOYER?

☐ Yes ☐ No

IF NO, WHY?

Employer 3

DATES EMPLOYED — FROM

TO

EMPLOYER

ADDRESS

CITY

STATE

ZIP CODE

SUPERVISOR

WAGE / SALARY

DESCRIBE DUTIES

REASON FOR LEAVING

MAY WE CONTACT THIS EMPLOYER?

☐ Yes ☐ No

IF NO, WHY?

EDUCATION

HIGH SCHOOL ATTENDED

GRADUATED?

☐ Yes ☐ No

HIGH SCHOOL LOCATION

GED?

☐ Yes ☐ No

HIGHEST GRADE COMPLETED

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Post-Secondary Education *(Technical, Vocational, or University)*

SCHOOL NAME

MAJOR / COURSE OF STUDY

DIPLOMA / DEGREE

SPECIAL TRAINING, APPRENTICESHIPS, MACHINERY & SKILLS

RELEASE AND CONSENT

I certify that all information provided in this application and any attached resume is complete and accurate. Providing false, misleading, or incomplete information may result in the rejection of my application or, if employed, termination.

I understand that my employment is at-will, meaning either the employer or I can terminate the employment at any time with or without cause and with or without notice. No representative of the employer is authorized to make any agreement contrary to these terms, and no employment policies can alter this at-will relationship.

I consent to undergo any required physical examinations, including drug screening, in accordance with the Americans with Disabilities Act.

I authorize all persons, schools, companies, and their agents to provide my employment history and other information to the employer and release them from all liability resulting from providing such information. I also permit the employer to disclose my employment references if my employment is terminated for any reason.

I authorize the employer to obtain consumer reports, background checks, and driving record information during my employment or contracting period. This authorization will remain valid throughout my employment.

By signing this, I acknowledge that I have read, understood, and agreed to these terms.

APPLICANT'S SIGNATURE

DATE