

# APPLICATION FOR EMPLOYMENT

(Equal Opportunity Employer)

400 Carswell Ave. Holly Hill, FL 32117  
386.253.7621



## GENERAL

Name \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Social Security # \_\_\_\_\_

Date Available for employment \_\_\_\_\_

If employed and under 18, can you furnish a work permit?  Yes  No

Have you ever been employed by this company?  Yes  No

Are you employed now?  Yes  No

May we contact your present employer:  Yes  No

If yes, give name: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?  Yes  No

Type of work desired: \_\_\_\_\_

If applying for a position where driving is required, do you have a valid driver's license in this state?  Yes  No

License # \_\_\_\_\_

Can you perform the essential functions of the job(s) for which you are applying?  Yes  No

Are you available to work  FULL-TIME  PART-TIME  OVER-TIME

Have you been convicted of a felony?  Yes  No

(Please note that a "YES" answer will not bar you from consideration for employment.)

If yes, please explain: \_\_\_\_\_

This company is an equal employment opportunity employer. All applications will be considered without regard to age, race, national origin, religion, gender, physical or mental disability, or other protected classifications in accordance with applicable federal and state equal employment opportunity laws. This company will strive to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of the job.

## EDUCATION

	Elementary	High School	College	Graduate School
School Name				
School Address				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Course of Study				

## SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking:

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## REFERENCES

List three (3) non-relatives who are familiar with your qualifications and actual work history and ability.

Name	Occupation/Relationship	Years Known	Telephone

## EMPLOYMENT EXPERIENCE

Please start with your present or last job.

Employer	Supervisor's Name	
Address	Your Job Position	
Telephone Number	Employed from	to
Duties	Salary starting	Salary ending
	Reason for leaving	
What did you like most about your job?		

# EMPLOYMENT EXPERIENCE continued

Employer		Supervisor's Name	
Address		Your Job Position	
Telephone Number		Employed from	to
Duties		Salary starting	Salary ending
		Reason for leaving	
What did you like most about your job?			

Employer		Supervisor's Name	
Address		Your Job Position	
Telephone Number		Employed from	to
Duties		Salary starting	Salary ending
		Reason for leaving	
What did you like most about your job?			

Employer		Supervisor's Name	
Address		Your Job Position	
Telephone Number		Employed from	to
Duties		Salary starting	Salary ending
		Reason for leaving	
What did you like most about your job?			

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.**

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. By signing below, I authorize **CUNNINGHAM OIL COMPANY, INC AND CUNNINGHAM LP GAS, INC** to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

If hired I will be responsible for familiarizing myself with all rules and regulations of **CUNNINGHAM OIL COMPANY, INC AND CUNNINGHAM LP GAS, INC.** as they presently exist or are later modified. *If hired, I understand my employment can be terminated, at the discretion of CUNNINGHAM OIL COMPANY, INC AND CUNNINGHAM LP GAS, INC or at my option, without notice, at any time and for any reason.*

I also understand that no representative of **CUNNINGHAM OIL COMPANY, INC AND CUNNINGHAM LP GAS, INC.** has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President.

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

**I have read, understand, and agree with the above.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.*

**FOR COMPANY USE ONLY**

Arrange Interview  Yes  No

Remarks:

Employed  Yes  No Date of Employment \_\_\_\_\_ Rate \_\_\_\_\_

Department: \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

**NOTICE BEFORE ORDERING CONSUMER REPORTS**  
(including Motor Vehicle Reports and Credit Reports)

The Fair Credit Reporting Act (FCRA) provides individuals with certain rights regarding consumer reports, and places certain obligations on employers who use consumer reports for employment related purposes. Consistent with the requirements of the FCRA, this notice is provided to you in order to inform you that **CUNNINGHAM OIL COMPANY, INC and CUNNINGHAM LP GAS, INC** may, for employment-related purposes (e.g., evaluating your for initial employment, promotions, transfers, assigned duties, retention as an employee, etc.), obtain from a consumer reporting agency one or more consumer reports containing financial information, criminal record information, driving record information, and/or other relevant information about you. **CUNNINGHAM OIL COMPANY, INC AND CUNNINGHAM LP GAS, INC** will not obtain a consumer report without your signature below, authorizing us to obtain one or more consumer reports.

**AUTHORIZATION TO OBTAIN CONSUMER REPORTS**

I hereby acknowledge that I have read and understand the contents of the above notice and, by signing below, specifically authorize **CUNNINGHAM OIL COMPANY, INC AND CUNNINGHAM LP GAS INC.** to obtain one or more consumer reports on me for employment-related purposes, as indicated above.

\_\_\_\_\_  
Please Print - First Name, Middle Initial, Last Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date