

AT-WILL EMPLOYMENT APPLICATION

PO Box 3998
Pasco, WA 99302
509-547-3326



Today's Date: _____
Location applying at: _____

APPLICANTS NAME (LAST) _____ (FIRST) _____ (MIDDLE INITIAL) _____		
HOME ADDRESS (STREET) _____ (CITY) _____ (ZIP CODE) _____		
HOME TELEPHONE NUMBER ()	WORK TELEPHONE NUMBER ()	CELL OR MESSAGE TELEPHONE NUMBER ()
OPEN POSITION APPLYING FOR / JOB NUMBER _____		DATE AVAILABLE FOR WORK _____
HOW DID YOU LEARN ABOUT THIS OPENING? _____		SHIFT(S) AVAILABLE <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends
HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? <input type="checkbox"/> No <input type="checkbox"/> Yes, when? _____	STARTING SALARY EXPECTATIONS \$ _____	WORK PREFERENCE <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If not, employment is subject to minimum legal age.)</i>		
Are you a U.S. Citizen & legal to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Proof of right to work in the U. S. will be required if hired.)</i>		
Are you eligible to receive any and all permits/licenses by law? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been discharged or asked to resign from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please explain _____ _____ _____		
Are you able to perform the essential functions of the job for which you are applying with or without reasonable accomodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe the function(s) that cannot be performed. _____		

Education

	Name & Location of School	Years Completed	Graduated	Degree Earned
HIGH SCHOOL	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
VOCATIONAL	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Job Related Skills

Please answer the following if the position you are applying for involves these skills.	
<input type="checkbox"/> Typing _____ wpm	<input type="checkbox"/> Ten Key: <input type="checkbox"/> Touch <input type="checkbox"/> Sight
<input type="checkbox"/> Personal Computer and software used: _____	
<input type="checkbox"/> Word Processing	<input type="checkbox"/> Other computer skills: _____
<input type="checkbox"/> Accounting _____	
<input type="checkbox"/> Foreign Language: Indicate any that you can speak, read and/or write _____	

Indicate any other skills related to the position you are seeking: _____

WE CONSIDER ALL APPLICANTS FOR POSITIONS WITHOUT DISCRIMINATION BASED ON RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MILITARY STATUS OR ANY OTHER SIMILARLY PROTECTED STATUS.

Employment History *You must list all employment history for the last 10 years without omission beginning with the most recent in order for your application to be considered complete and acceptable by COI.*

EMPLOYER		TELEPHONE NUMBER ()	Date Employed	
ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)
POSITION	DUTIES		Hourly Rate/Salary	
SUPERVISOR	REASON FOR LEAVING		Starting	To

EMPLOYER		TELEPHONE NUMBER ()	Date Employed	
ADDRESS (STREET)		(CITY)	(STATE)	(ZIP Code)
POSITION	DUTIES		Hourly Rate/Salary	
SUPERVISOR	REASON FOR LEAVING		Starting	To

EMPLOYER		TELEPHONE NUMBER ()	Date Employed	
ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)
POSITION	DUTIES		Hourly Rate/Salary	
SUPERVISOR	REASON FOR LEAVING		Starting	To

EMPLOYER		TELEPHONE NUMBER ()	Date Employed	
ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)
POSITION	DUTIES		Hourly Rate/Salary	
SUPERVISOR	REASON FOR LEAVING		Starting	To

Professional References: List the name, address, telephone number and relationship of three individuals (not relatives) who are familiar with your work.

1. _____
 2. _____
 3. _____

APPLICANT'S CERTIFICATION

I certify that answers given herein are true and complete to the best of my knowledge. I also authorize Connell Oil, Incorporated ("company") to investigate all statements contained in this application and to request information about me from previous employers, educational institutions, reviewing criminal conviction and driving records, and verifying any other relevant information about me. I also understand that a credit report may be obtained in order to be considered for employment. I expressly authorize my previous employers to provide information and opinions concerning my work and work habits. Further, I release all parties and persons connected with any requests for information from all claims, liabilities, and damages for whatever reason, arising out of furnishing any information that may be sought in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in dismissal.

AT-WILL EMPLOYMENT

I understand that if the company hires me, my employment is at-will, which means that it may be terminated by the company or me at any time, for any reason or no reason. I also understand that this employment at-will policy may not be modified except in writing by the CEO of the company.

APPLICANT CONSENT TO DRUG TESTING

I understand that a requirement for employment with Connell Oil Incorporated ("company") is that I cooperate with and successfully complete drug screening for controlled substances. A positive test or lack of cooperation will disqualify me at this time from further consideration for employment and I will not be able to reapply for 6-months. Lack of cooperation includes alteration of my system or the specimen in a manner that prevents accurate testing, including but not limited to drinking excessive liquids. I understand and agree that any offer of employment which the company extends to me is conditioned upon my cooperation and satisfactory results from the drug testing; and if I begin work prior to taking this test or the results of the tests having been received, my employment is contingent on those results.

The sample collection, supervision of chain of custody, and testing procedures will be handled by an outside service designated by the company in a manner to insure, to the maximum practical extent, the objectivity and integrity of the process. If there is reason to believe you tamper with, adulterate or in any other way attempt to dilute the specimen, the second specimen will be collected under direct observation of a same gender collection person. By my signature I hereby agree, in the event that I am offered a position with the company, to provide a sample at the designated facility and agree and consent to have such sample tested for the presence of controlled substances. I authorize the release of test results to the company for its use in evaluating me for employment. I release the company from any and all liability and claims incident to the sample taking, testing and the use of the test results.

PRINT NAME	SIGNATURE (Required)	DATE
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VOLUNTARY APPLICANT IDENTIFICATION

AFFIRMATIVE ACTION EMPLOYER REQUIREMENT

Name: _____ Phone: _____

Job Number/Title Applied for : _____

Federal law requires us to ask for this information. Please sign and return this form even if you do not answer.

Its purpose is to ensure equal opportunity, and evaluate our good-faith recruiting efforts to attract ethnic minorities, women, veterans of the Vietnam era, and persons with disabilities. Hiring is based on qualifications. Quotas or preferences based on sex, race or ethnicity are prohibited by law.

We invite you to VOLUNTARILY identify yourself in the categories below, now or at any time in the future. You are not required to respond. If you decline, it will not subject you to adverse treatment. This is NOT part of your application file, it is confidential*, and will be used in conformance with the law.

1. GENDER: Male Female

2. ETHNIC AND RACIAL BACKGROUND

a. Hispanic or Latino? Yes No

If you checked "No" above, please check one of the following:

b. Racial Background - Non-Hispanic:

American Indian/Alaska Native

Asian, Asian American

Black, African American

Hawaiian/Pacific Islander

White/Caucasian

2 or more races, non-Hispanic

Please Sign here: _____

Date _____