



300 South Division Street P.O. Box 157 Waunakee, WI 53597 (608) 850-3835

## APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION			
Last Name		First	Middle
Street		City	State Zip
Telephone Number:	Best time of day to contact you:	How long have you lived at your current address?	
Position applying for:	Expected Earnings:	Date Available:	
What type of employment are you seeking? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary Until _____			
Check all of the days you are available for work: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday			
Check all times you are available for work: <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends			
Number of hours per week you can work:			
Why do you want to work for Meffert Oil?			
How did you learn of our employment opportunities? <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Store Sign <input type="checkbox"/> Employee <input type="checkbox"/> Other			
Who referred you to our Company?			
If you have worked for us before, please list dates of employment and position held:			

EDUCATION																		
Circle highest grade completed	Grade School			High School			College				Graduate School				Tech/Business			
	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4	1	2	3
Name/Location											Course/Degree				Ave. Grade			
High School																		
College																		
Graduate School																		
Tech/Business																		
Other Education																		

## EMPLOYMENT HISTORY

Provide a complete description of employment history for the past four employers. Start with your most recent position. Include any periods of self-employment or military service. If you have any length of time longer than 30 days between jobs, complete "Explain any lapse" where called for below. Do not omit any positions.

Employer:			Dates Employed		Job Duties/Responsibilities	
			From	To		
Address:						
Telephone Number (s):						
Job Title:						
Supervisor's Name:		Supervisor's Title:		Hourly Rate/Salary		List any disciplinary actions or employee commendations
				Starting	Final	
Reason for Leaving:						
Total Days Late:	Total Days Absent:	Reference Checked By:				
Explain any lapse in employment:						

Employer:			Dates Employed		Job Duties/Responsibilities	
			From	To		
Address:						
Telephone Number (s):						
Job Title:						
Supervisor's Name:		Supervisor's Title:		Hourly Rate/Salary		List any disciplinary actions or employee commendations
				Starting	Final	
Reason for Leaving:						
Total Days Late:	Total Days Absent:	Reference Checked By:				
Explain any lapse in employment:						

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Supervisor's Name:		Supervisor's Title:		Hourly Rate/Salary		List any disciplinary actions or employee commendations
				Starting	Final	
Reason for Leaving:						
Total Days Late:	Total Days Absent:	Reference Checked By:				
Explain any lapse in employment:						

Employer:			Dates Employed		Job Duties/Responsibilities	
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Address:						
Telephone Number (s):						
Job Title:						
Supervisor's Name:		Supervisor's Title:		Hourly Rate/Salary		List any disciplinary actions or employee commendations
				Starting	Final	
Reason for Leaving:						
Total Days Late:	Total Days Absent:	Reference Checked By:				
Explain any lapse in employment:						

## PROFESSIONAL REFERENCES

List the names, addresses and telephone numbers of three references who are not related to you and can attest to your skills, abilities, and/or education necessary for the position for which you are applying.

Name and Address	Telephone Number(s) and Profession	Relationship and Years Known
Name		
Address		
Name		
Address		
Name		
Address		

## GENERAL INFORMATION

Are you under 18 years of age?  Yes  No

Are you legally eligible to be employed in the United States?  
 Yes  No

Have you ever been convicted of a felony or misdemeanor?  Yes  No

If yes, for what offense(s) have you been convicted, when and where? \_\_\_\_\_

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Do you have any pending charges for a felony, misdemeanor or pending ordinance violation (other than a minor traffic violation)?  Yes  No

If yes please explain \_\_\_\_\_

*The existence of a conviction record(s) does not constitute an automatic bar to employment. Your conviction record(s) will be considered only as it may substantially relate to the job for which you are applying.*

Have you ever been discharged from employment for theft or alleged theft of money, merchandise, property, etc.?  
 Yes  No      If yes, and you wish to do so, you may provide an explanation.

## ADDITIONAL INFORMATION

In addition to your work history, list any other job-related experiences, skills or qualifications you would like us to consider.

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## INFORMATION AUTHORIZATION

I hereby give Meffert Oil Company, Inc., permission to verify the information I have provided in the application for employment. I understand that Meffert Oil may conduct an investigation regarding my background in order to seek clarification of the information I have provided. I release Meffert Oil and its employees and all persons contacted from liability or claims that may arise from such process.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## EMPLOYMENT CONDITIONS

I certify that the information I give in this application is true to the best of my knowledge. I agree that if the Company employs me and any information that I have given has been misrepresented, omitted or found to be false in any way, I am subject to immediate dismissal without notice.

I also understand that if employed by Meffert Oil, my employment is for no definite length of time and is considered "at will". The Company or I can terminate the employment relationship at any time with or without notice or reason.

I further understand that in compliance with the Immigration Reform and Control Act on my first day of work, I will provide documents that identify me and show my right to work in the United States.

Meffert Oil Co., Inc., is an Equal Opportunity Employer and does not discriminate on the basis of race, religion, gender, age, disability, sexual orientation, national origin or other status covered by applicable local, state or federal laws.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## DRUG SCREEN CONSENT FORM

I hereby give my consent, without duress, for a urine and/or blood sample to be collected by me and submitted for a drug-screen test. I also consent to the release of the test results to the Company for its use. I further understand that if I am employed by Meffert Oil Co., Inc., I could be subject to additional drug screens based on the Company's drug policy operative at the time of the test. I understand that any positive result will preclude or terminate my employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date