

P.O. Box 11531
 Santa Ana, CA 92711-1531
 (714)415-2010 Phone / FAX
 www. PooleFuels.com



Poole
 Commercial Fuels

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

The Law prohibits discrimination in employment because of sex, race, color, age, religion, natural origin, disability or veteran status.

PERSONAL INFORMATION

Last Name	First	Middle	Social Security #
Home Street Address		Apt #	Area Code / Home Phone #
City	State	Zip	How long at this address?
Are you of minimum age to work in this state? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you legally authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have a valid driver's license in this state? Yes <input type="checkbox"/> No <input type="checkbox"/>			Drivers License #
Have you ever applied for a position or been employed by Poole Commercial Fuels or any affiliates? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If so, when, where and why left. _____			
Do you have any relatives employed by Poole Commercial Fuels or any affiliates? If so, please name: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Relatives name: _____			

POSITION

Position Applied For:	Pay Rate Desired:
Are you available for work on a full time basis? Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, number of hours per week you can work? _____	
Will you work shift work, if asked? Yes <input type="checkbox"/> No <input type="checkbox"/>	Will you work overtime, if asked? Yes <input type="checkbox"/> No <input type="checkbox"/> Date Available for work:
How did you learn about the position / company? Store Ad <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Employee <input type="checkbox"/> Other <input type="checkbox"/>	

EDUCATION

High School Name and Location	Did you Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> GED <input type="checkbox"/>	Date degree or equivalent received:
College or University	Did you Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what year?	Degree received:
Other Trade or Vocational Schools		
Special Skills or Training (Languages, Equipment, Certifications, etc)		

MILITARY SERVICE

Branch of Service	Period of Active Service From: _____ To: _____	Rank at Discharge
Describe Duties or Training		

EXPERIENCE (List employment history for at the least 3 jobs held, beginning with present or most recent)

1) Company Name	Dates of Employment (Mo. / Yr.) From: _____ To: _____	Eligible for Rehire: Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, why?	
Street Address	City	ST	Zip
Last Position Held	Supervisor	Supervisor's Area Code / Phone #	Last Salary / Pay Rate (Mo. Or Wk.)
Reason for Leaving			

EXPERIENCE (Continued)

2) Company Name		Dates of Employment (Mo. / Yr.) From: _____ To: _____		Eligible for Rehire: Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, why?	
Street Address		City	ST	Zip	
Last Position Held	Supervisor	Supervisor's Phone #:		Last Salary / Pay Rate (Mo. Or Wk.)	
Reason for Leaving					
3) Company Name		Dates of Employment (Mo. / Yr.) From: _____ To: _____		Eligible for Rehire: Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, why?	
Street Address		City	ST	Zip	
Last Position Held	Supervisor	Supervisor's Phone #:		Last Salary / Pay Rate (Mo. Or Wk.)	
Reason for Leaving					

INFORMATION

REFERENCES (other than relatives or former employees)					
1) Name		Area Code / Phone #		Occupation	
Street Address		City	ST	Zip	
2) Name		Area Code / Phone #		Occupation	
Street Address		City	ST	Zip	
3) Name		Area Code / Phone #		Occupation	
Street Address		City	ST	Zip	
Have you ever been bonded? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Are you aware of any reason you could <u>not</u> be placed under a surety bond?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES, state reason:	
Have you ever been fired, discharged, or asked to resign from any job within the last five (5) years?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES, state reason:	
Have you ever been convicted of a crime?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES, state reason: (A conviction record will not necessarily bar you from employment.)	
How many days have you been absent from scheduled work in the past year? Number of Days: _____					

I certify that the answers given by me to all questions on this application are, to the best of my knowledge and belief, true and correct without any reservations of any kind whatsoever. I further understand that any misrepresentation or omission of facts called for hereon will be sufficient reason for dismissal from Company service.

I UNDERSTAND THAT IF I AM EMPLOYED BY POOLE COMMERCIAL FUELS OR ITS AFFILIATES ("THE COMPANY"), MY EMPLOYMENT IS AT THE WILL OF THE COMPANY OR ME, AND EITHER THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME WITH OR WITHOUT NOTICE, REGARDLESS OF THE PERIOD OF PAYMENT OF MY WAGES. I ALSO UNDERSTAND THAT NO OFFICER, SUPERVISOR, PERSONNEL REPRESENTATIVE OR ANY OTHER EMPLOYEE OR AGENT OF THE COMPANY HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT TO THE CONTRARY.

I understand that, where permitted by applicable law, the Company and their respective employees, agents and agents retained them may make inquiries about my academic and employment history, and any job-related information, including but not limited to education, prior employment and job performance, motor vehicle driving record, credit history, military record, and any criminal convictions, I authorize and request each person, former employer, corporations, companies, credit reporting agencies, educational institutions, law enforcement agencies and military services to answer any and all questions that may be asked about me and to any and all information that may be sought in connection with this application, or concerning me or my work habits, character or skills. In connection therewith, I hereby release said individuals and/or entities (including their directors, officers, employees and agents) from any and all liability of whatever nature, resulting from any request for such information. I understand that any information gathered as part of such investigation is subject to the terms of the Fair Credit Reporting Act of 1970, as amended, and any other applicable federal or state law.

******AUTHORIZATION TO OBTAIN CONSUMER REPORTS AND INVESTIGATIVE CONSUMER REPORTS ******

I CERTIFY THAT I HAVE RECEIVED A WRITTEN NOTIFICATION THAT THE COMPANY AND ITS AFFILIATES MAY OBTAIN A CONSUMER REPORT OR REPORTS AS WELL AS AN INVESTIGATIVE CONSUMER REPORT OR REPORTS ON ME. I AUTHORIZE THE COMPANY AND ITS AFFILIATED COMPANIES TO OBTAIN SUCH REPORTS FOR USE IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT AND FOR OTHER EMPLOYMENT-RELATED REASONS. I UNDERSTAND THAT THE TERM "CONSUMER REPORT" INCLUDES, BUT IS NOT LIMITED TO CREDIT CHECKS, CRIMINAL BACKGROUND CHECKS AND DEPARTMENT OF MOTOR VEHICLE REPORTS. I FURTHER UNDERSTAND THAT THE TERM "INVESTIGATIVE CONSUMER REPORT" MEANS A REPORT IN WHICH INFORMATION ON MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, OR MODE OF LIVING IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH MY NEIGHBORS, FRIENDS, ASSOCIATES OR WITH OTHERS WHOM I AM ACQUAINTED OR WHO MAY HAVE KNOWLEDGE CONCERNING SUCH ITEMS OF INFORMATION.

Date _____

Signature _____