

Application for Employment

Martin Oil Company and Martin General Stores

Rev. 1/2012

Martin Oil Company/Martin General Stores is an equal opportunity, drug-free workplace. Prior to hiring, prospective employees must submit to a drug test and background check. Prospective employees will receive consideration without discrimination because of race, religion, color, sex, age, national origin, disability, genetics, marital status, veteran status, or other legally protected status.

Interested In:

Location: _____

- Martin General Stores Associate
 Full Serve Gas Station Associate
 Other _____

- CDL Truck Driver
 Maintenance
 Management

AGREEMENT Please read, sign and date below. 1. The information provided in this Application for Employment is true, correct, and complete. If employed, any false statement or omission of fact on this application may be grounds for dismissal. 2. I authorize Martin Oil Co./Martin General Stores to verify all statements contained on this application and/or resume to the extent permitted by federal, state or local law. If a report by an investigative consumer reporting agency or other agency is obtained, Martin Oil Co./Martin General Stores must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report. I also authorize Martin Oil Co./Martin General Stores to obtain any available information on my past employment record. 3. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. Employment is and remains "At Will". 4. I agree that I have read and understand the job description and understand the physical requirements. 5. Should I be employed, I agree to comply with company policies, rules, regulations and procedures, including treating confidentially any information I learn from employment.

Date

Applicant's Signature

Last Name	First Name	Middle Name	Known by other name? (ex. maiden name)	LAST FOUR (4) DIGITS of your Social Security Number ____ _
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Current Street Address	Home Telephone ()
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City, County , State, Zip	Years at this Address	Cell or Other Telephone ()
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Previous Address	Years at this Address	From Month & Year to Month & Year
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Street, City, County , State, Zip	Years at this Address	From Month & Year to Month & Year
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Have you applied for employment with us before? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES: Month & Year	Have you worked for us before? <input type="checkbox"/> YES <input type="checkbox"/> NO	Location If YES: Month & Year
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Are you available to work anytime? <input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, what hours can you work? (If your religion prohibits you from working at a particular time or day, we will make reasonable efforts to accomodate your beliefs in accordance with applicable law.)	Will you work evenings/weekends/overtime if asked?
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If hired, can you show proof of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	When would you be able to begin work?
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Are you age 18 or older? <input type="checkbox"/> YES <input type="checkbox"/> NO	Under the age of 16? <input type="checkbox"/> YES <input type="checkbox"/> NO	Pay Expected
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Have you ever been convicted of a crime other than a traffic violation? _____ If YES, please list convictions, counties, and dates:

(A conviction does not necessarily disqualify an applicant for the position being applied for; however, convictions will be considered to the extent that they relate to the applicant's suitability for the position involved.)

College or Other Post High School	Name and Location of School	Course of Study	Years completed	Did you graduate? Yes No	Degree/Diploma
High School				Yes No	

Did you serve in the U.S. Armed Forces? Yes No If "Yes", in what Branch?
 Describe any training received in the military that is relevant to the position for which you are applying.

Membership in Professional or Civic Organizations (Exclude those which may disclose your race, color, sex, religion or national origin)

C E R T I F I C A T I O N

P E R S O N A L I N F O R M A T I O N

E D U C A T I O N & T R A I N I N G

COMPLETE EMPLOYMENT HISTORY

Please use additional paper if necessary.

*** Please give accurate, complete information about full-time and part-time employment. Do not exclude any employment. Start with your present or most recent employer. Telephone numbers of past employers are critical and must be listed.**

1	Company Name	Telephone ()
	Address	Employed - Month & Year From To
	State Job Title and Describe Your Work	Pay Rate Start Last
	Reason for Leaving	Name of Supervisor
	<input type="checkbox"/> Resigned with notice <input type="checkbox"/> Resigned without notice <input type="checkbox"/> Terminated <input type="checkbox"/> Other	
2	Company Name	Telephone ()
	Address	Employed - Month & Year From To
	State Job Title and Describe Your Work	Pay Rate Start Last
	Reason for Leaving	Name of Supervisor
	<input type="checkbox"/> Resigned with notice <input type="checkbox"/> Resigned without notice <input type="checkbox"/> Terminated <input type="checkbox"/> Other	
3	Company Name	Telephone ()
	Address	Employed - Month & Year From To
	State Job Title and Describe Your Work	Pay Rate Start Last
	Reason for Leaving	Name of Supervisor
	<input type="checkbox"/> Resigned with notice <input type="checkbox"/> Resigned without notice <input type="checkbox"/> Terminated <input type="checkbox"/> Other	
4	Company Name	Telephone ()
	Address	Employed - Month & Year From To
	State Job Title and Describe Your Work	Pay Rate Start Last
	Reason for Leaving	Name of Supervisor
	<input type="checkbox"/> Resigned with notice <input type="checkbox"/> Resigned without notice <input type="checkbox"/> Terminated <input type="checkbox"/> Other	

*** We may contact the employers listed above unless you indicate here those that you do not want us to contact.**

*** DO NOT CONTACT THESE EMPLOYERS**

Employer Number(s)	Reason
_____	_____
_____	_____

PERSONAL REFERENCES (People who have worked with you are preferable. Do not use relatives.)

Rev. 10/06

1. Name	Phone ()	Association to Applicant
_____	_____	_____
2. Name	Phone ()	Association to Applicant
_____	_____	_____
3. Name	Phone ()	Association to Applicant
_____	_____	_____