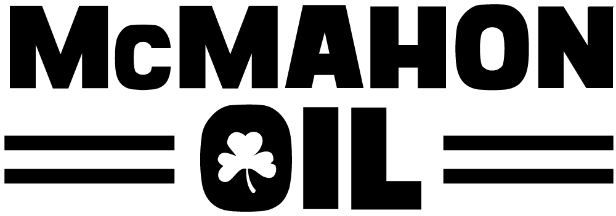
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**Employment Application**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION** | | | | | | | | | | |
| **Position Applied For:** | |  | | | | | | | | |
| **Full legal Name:** | |  | | |  | | | | |  |
|  | | *Last Name* | | | *First Name* | | | | | *Middle Initial* |
| **Social Security No.:** | |  | | | | | | | | |
| **Street Address:** | |  | | | | | | | | |
|  | |  | | |  | | | |  | |
|  | | *City* | | | *State* | | | | *Zip* | |
| **Home Phone:** | |  | | | **Mobile Phone:** | | | |  | |
| **Email Address:** | |  | | | | | | | | |
|  | |  | | | | | | | | |
| **EDUCATION** | | | | | | | | | | |
| Highest school grade completed: | | | 1 2 3 4 5 6 7 8 9 10 11 12 | | | | | | | |
| Do you have a high school equivalency diploma: | | | Yes | No | | | | | | |
| Number of years of post-high school education: | | | 1 2 3 4 | | | | | | | |
|  | | | | | | | | | | |
| **Name of Educational Institution:** | | | **Degree Received:** | | | | **Major / Specialty:** | **Dates Attended:** | | |
|  | | |  | | | |  |  | | |
|  | | |  | | | |  |  | | |
|  | | |  | | | |  |  | | |
|  | | | | | | | | | | |
| **WORK EXPERIENCE** | | | | | | | | | | |
| **Job Title:** |  | | | |  | **Job Duties:** | | | | |
| **Employer Name:** |  | | | |  |  | | | | |
| **Employer Address:** |  | | | |  |  | | | | |
|  |  | | | |  |  | | | | |
| **Phone:** |  | | | |  |  | | | | |
|  | | | | |  |  | | | | |
| **Supervisor Name:** |  | | | |  |  | | | | |
| **Final Salary:** |  | | | |  | **Reason for Leaving:** | | | | |
| **Dates (Month/Year):** | to | | | |  |  | | | | |
|  |  | | | |  |  | | | | |
|  |  | | | |  |  | | | | |
| **Job Title:** |  | | | |  | **Job Duties:** | | | | |
| **Employer Name:** |  | | | |  |  | | | | |
| **Employer Address:** |  | | | |  |  | | | | |
|  |  | | | |  |  | | | | |
| **Phone:** |  | | | |  |  | | | | |
|  | | | | |  |  | | | | |
| **Supervisor Name:** |  | | | |  |  | | | | |
| **Final Salary:** |  | | | |  | **Reason for Leaving:** | | | | |
| **Dates (Month/Year):** | to | | | |  |  | | | | |
|  |  | | | |  |  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Job Title:** | |  | | | | | |  | **Job Duties:** | | | | |
| **Employer Name:** | |  | | | | | |  |  | | | | |
| **Employer Address:** | |  | | | | | |  |  | | | | |
|  | |  | | | | | |  |  | | | | |
| **Phone:** | |  | | | | | |  |  | | | | |
|  | | | | | | | |  |  | | | | |
| **Supervisor Name:** | |  | | | | | |  |  | | | | |
| **Final Salary:** | |  | | | | | |  | **Reason for Leaving:** | | | | |
| **Dates (Month/Year):** | | to | | | | | |  |  | | | | |
|  | |  | | | | | |  |  | | | | |
| **OTHER INFORMATION** | | | | | | | | | | | | | |
| **Job Skills:** Use the following space to provide any additional information that you think would be helpful in our evaluation of your job application. This can include specialized training, seminars, workshops, accreditations, special achievements or valuable skills: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Licenses:** | | | | | | | | | | | | | |
| Do you have a Commercial Driver’s License?  Yes  No  *If yes, please provide the following:* | | | | | | | | | | | | | |
| Class: | | |  | | | | | | | | | | |
| Endorsements: | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **References:** List the full name, address, phone number and relationships of up to three persons that you’d like to use as a reference. | | | | | | | | | | | | | |
| *Full Name* | | | | *Phone Number* | | | | | | *Relationship* | | | *Years Known* |
|  | | | |  | | | | | |  | | |  |
|  | | | |  | | | | | |  | | |  |
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| **Are you legally eligible for employment in the United States?** | | | | | | | Yes  No | | | | | | |
| *Please note that under the Immigration Reform and Control Act of 1986, you may be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. You may also be required to provide documentation should you be employed.* | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Prior Convictions:** | | | | | | | | | | | | | |
| Have you ever been convicted of any violation of law, including moving traffic violations:  Yes  No  *If yes, please provide the following:* | | | | | | | | | | | | | |
| Describe the Offense: | | | |  | | | | | | | | | |
| Statute / Ordinance (if known): | | | |  | | | | City/State of Conviction: | | |  | | |
| Date of Charge: | | | |  | | | | Date of Conviction: | | |  | | |
|  | | | | | | | | | | | | | |
| **Work Start Date**: When will you be available to start work? | | | | |  | | | | | | |
|  | | | | |  | | | | | | | | |
| **CERTIFICATION** | | | | | | | | | | | | | |
| I hereby certify that all entries on this job application and any attachments are true and complete. I also agree and understand that any falsification of this information may result in my forfeiture of employment.  I understand that all information on this job application is subject to verification and I consent to criminal history and background checks. I also agree that you may contact references and educational institutions listed on this application | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Dated:** |  | | | **Job Applicant Signature:** | |  | | | | | | | |

**Return your completed Employment Application to** [**john@mcmahonoil.com**](mailto:john@mcmahonoil.com) **or 1690 10th Avenue NE, PO Box 247, Glenwood, MN 56334**