



PO Box 6289
6721 Macon Road
Columbus, Georgia 31917
Phone: (706) 561-6242
Fax: (706) 568-0384

T&W Oil Company

Employment Application

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

PERSONAL INFORMATION

NAME (LAST)	(FIRST)	(MIDDLE)	SOCIAL SECURITY NUMBER	DATE OF APPLICATION
PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE)			HOME PHONE	CELL PHONE
ADDRESS WHERE YOU MAY BE CONTACTED IF DIFFERENT FROM PRESENT ADDRESS			ALTERNATE PHONE	DATE OF BIRTH

IF HIRED, CAN YOU PROVIDE PROOF OF CITIZENSHIP OR LEGAL RIGHT TO WORK?
 Have you ever been convicted on any criminal offense other than minor traffic violations? _____. If so, please explain. A criminal conviction will be considered only in relation to the job for which you are applying. Seriousness and nature of the offense, time elapsed, and rehabilitation will be taken into account.

Please note that the Employment Record, Education & Training and References sections do not need to be completed if an attached resume provides all of the specifically requested information. If there is information requested that is not on your Resume, please be sure to provide that information in order to ensure your application materials will be considered.

EMPLOYMENT DESIRED

TYPE OF POSITION INTERESTED IN:	DATE AVAILABLE	FULL TIME: <input type="checkbox"/>	SALARY DESIRED
		PART TIME: <input type="checkbox"/>	\$

EMPLOYMENT RECORD - MOST RECENT FIRST

START DATE	END DATE	FINAL POSITION TITLE	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER?
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYER		LAST SUPERVISORS NAME	REASON FOR LEAVING	
STREET ADDRESS (CITY, STATE, ZIP)				PHONE
POSITION DESCRIPTION				

START DATE	END DATE	FINAL POSITION TITLE	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER?
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYER		LAST SUPERVISORS NAME	REASON FOR LEAVING	
STREET ADDRESS (CITY, STATE, ZIP)				PHONE
POSITION DESCRIPTION				

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			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
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EDUCATION & TRAINING

COLLEGE UNIVERSITY OR TECHNICAL SCHOOL	GRADUATE? YES NO	TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT:	NAME OF SCHOOL:
	<input type="checkbox"/> <input type="checkbox"/>			CITY & STATE:
COLLEGE UNIVERSITY OR TECHNICAL SCHOOL	GRADUATE? YES NO	TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT:	NAME OF SCHOOL:
	<input type="checkbox"/> <input type="checkbox"/>			CITY & STATE:
HIGH SCHOOL LAST ATTENDED	GRADUATE? YES NO	TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT:	NAME OF SCHOOL:
	<input type="checkbox"/> <input type="checkbox"/>			CITY & STATE:
OTHER	GRADUATE? YES NO	TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT:	NAME OF SCHOOL:
	<input type="checkbox"/> <input type="checkbox"/>			CITY & STATE:

LIST LICENSES, FOREIGN LANGUAGES, COMPUTER, DATA/WORD-PROCESSING, OFFICE EQUIPMENT, TYPING, AND/OR ANY OTHER SKILLS AND TRAINING YOU CONSIDER RELEVANT TO EMPLOYMENT AT T&W OIL COMPANY:

PHYSICAL RECORD

DO YOU HAVE ANY PHYSICAL CONDITIONS AND/OR LIMITATIONS THAT WILL LIMIT YOUR ABILITY TO PERFORM THE JOB APPLIED FOR?
 IF SO, PLEASE ELABORATE: _____

REFERENCES

PLEASE LIST THREE PERSONS, OTHER THAN RELATIVES, THAT HAVE KNOWLEDGE OF YOUR WORK EXPERIENCE AND/OR EDUCATION:

NAME/TITLE:	MAILING ADDRESS	PHONE
NAME/TITLE:	MAILING ADDRESS	PHONE
NAME/TITLE:	MAILING ADDRESS	PHONE

IN CASE OF EMERGENCY CONTACT PERSON

NAME	ADDRESS	PHONE:
		ALT PHONE:

AUTHORIZATION - APPLICATION MUST BE SIGNED PRIOR TO SUBMISSION

I HEREBY AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AND ON MY RESUME, IF PROVIDED. I CERTIFY THAT SUCH STATEMENTS ARE TRUE, AND UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IN THIS FORM, OR ON ANY RESUME PROVIDED BY ME, IS CAUSE FOR TERMINATION OF EMPLOYMENT WITHOUT NOTICE. I ALSO AGREE: (1) TO SUCH EXAMINATION BY A PHYSICIAN AS MAY BE REQUIRED, EMPLOYMENT BEING CONTINGENT ON THE SATISFACTORY PASSING THEREOF; (2) IF EMPLOYED, TO ABIDE BY ALL REGULATIONS OF T&W OIL COMPANY.

DATE: _____

SIGNATURE: _____

ALL EMPLOYMENT IS CONTINGENT UPON FURNISHING EVIDENCE OF IDENTITY AND EMPLOYMENT ELIGIBILITY.