

Application for Employment at EAST COAST

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application		
How Did You Learn About Us?				
<input type="radio"/> Advertisement	<input type="radio"/> Friend	<input type="radio"/> Walk-In		
<input type="radio"/> Employment Agency	<input type="radio"/> Relative	<input type="radio"/> Other		
Last Name		First Name		Middle Name
Address	Number	Street	City	State Zip Code
Telephone Number(s)		Cellular	Date of Birth	Social Security

On what date would you be available for work? _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

Are you available to work: Full Time Part Time

Can you travel if a job requires it? Yes No

Have you been injured or hurt in any previous employment within the past 3 years? Yes No _____
Please Initial

If Yes, please explain _____

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Employment Experience

Start with your present of last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

<p>List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:</p>

Education	School	Name and Location of School	Course of Study	Years Completed	Did You Graduate?	Degree or Diploma
	Graduate				<input type="radio"/> Yes <input type="radio"/> No	
	College				<input type="radio"/> Yes <input type="radio"/> No	
	Business/Trade/ Technical				<input type="radio"/> Yes <input type="radio"/> No	
	High School				<input type="radio"/> Yes <input type="radio"/> No	

Other Qualifications/Specialized Skills
Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

In Case of Emergency –Contact:

Name	Relationship	Telephone #	Address
Name	Relationship	Telephone #	Address
Doctor	Telephone #		Address
Doctor	Telephone #		Address
Emergency Medical Information (Allergies, Medication, etc.)			

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Federal Drivers Privacy Protection Act

Authorization to Obtain Motor Vehicle Records
and
Fair Credit Reporting Act
Pre-notification

For the sole purpose of the determination and evaluation of any of my state motor vehicle operating records (“Record”) and the pursuant to the State and Federal regulations of compliance,

I _____ authorize East Coast Petroleum to obtain my Record. I understand that this Record may contain information pertaining to any/all driver violations and/or accidents, which may be on record through any state Department of Motor Vehicles.

In addition, should my application be accepted for employment and/or upon my becoming an employee for East Coast Petroleum I further authorize any/all additional requests for any Record be submitted and reviewed for the sole purpose of my continued evaluation and driving eligibility standards under the State and Federal regulatory compliance standards.

Print Full Name _____

Date of Birth _____

Prior Name (If applicable) _____

Driver’s License Number: _____

Address: _____ City _____ State _____

Did you receive a "Summary of Your Rights" notice as provided by the Fair Credit Reporting Act? (Please Initial)

Information contained in the Reports will be used for permissible purposes and will not be used in violation of any Federal or State Law. Should any adverse action be taken, in whole, or in part, due to information contained in the reports, you will be supplied a written copy of the Report and a summary of applicable consumer rights.

Applicant Signature _____ Date: _____