



## APPLICATION FOR EMPLOYMENT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I am interested in:

Full Time

Part Time

Circle the shifts you would be available:

1<sup>st</sup> (5a-2p)

2<sup>nd</sup> (12p-7p)

3<sup>rd</sup> (3p-12a)

Other (please specify hours available): \_\_\_\_\_

Are there any days you are not available to work? \_\_\_\_\_

Do you have reliable transportation? \_\_\_\_\_

Date available to start \_\_\_\_\_

Salary desired \_\_\_\_\_

Have you worked for Gunter Oil before? If so, what location and when? \_\_\_\_\_

Do you have any relative who currently works or previously worked for Gunter Oil Co? If so, list full name and relationship. \_\_\_\_\_

Do you have any physical disabilities that prevent you from performing any work for which you are being considered? \_\_\_\_\_

Do you have any disabilities in hearing, vision, or speech? If so, provide details. \_\_\_\_\_

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Name and Location of School	Years Attended	Graduation Date
High School _____		
College _____		
Trade School _____		
Military _____		

List last four employers, starting with the most recent.

Mo/Yr	Company & Manager Name	City & Phone	Salary	Position	Reason for Leaving
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List all criminal convictions:

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Any other pertinent information:

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## BENEFITS

The following benefits are available to all full-time employees:

- Health and Dental Insurance
- 401K
- Pre-Tax Deductions
- Paid Vacations
- Direct Deposit of Paycheck

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for immediate dismissal. I authorize investigation of all statements contained herein and the employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal and otherwise, and release the company from all liability for any damage that may result from utilization of such information.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You may email your completed form to Pam Haynes at [phaynes@gunteroil.com](mailto:phaynes@gunteroil.com) or you may fax your completed form to 205.655.8334.