

McNeill Oil Company, Inc.
DBA McNeill Oil And Propane, Inc.
APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

PERSONAL INFORMATION:			
Last Name	First	Middle	Date
Street Address			Home Phone () -
City, State, Zip			Business Telephone () -
Have you ever applied for employment with us in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____			Social Security #
Position Desired			Pay expected
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not , what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States?			When will you be available to begin working? _____
Person to contact in case of an emergency: _____			
Relationship _____ Phone #'s: Day _____ Night _____			
Other special training or skills (languages, machine operation, etc..)			

EDUCATION INFORMATION:					
School	Name and location of school	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/ Trade or Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Membership in Professional or Civic Organizations	
<small>(Exclude those which may disclose your race, color, religion or national origin.)</small>	

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

Company Name	Telephone # () -
Address	Employed - (State month and year) From: To:
1 Name of Supervisor	Weekly pay Start: Last:
State Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone # () -
Address	Employed - (State month and year) From: To:
2 Name of Supervisor	Weekly pay Start: Last:
State Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone # () -
Address	Employed - (State month and year) From: To:
3 Name of Supervisor	Weekly pay Start: Last:
State Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone # () -
Address	Employed - (State month and year) From: To:
4 Name of Supervisor	Weekly pay Start: Last:
State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT Employer Number(s) _____ Reason _____
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MILITARY	Did you serve in the U.S. Armed Forces? <u> </u> Yes <u> </u> No	If "Yes," in what Branch?
Describe any training received relevant to the position for which you are applying.		

McNeill Oil Company, Inc.

Background Investigation Consent Form

I, _____ hereby authorize McNeill Oil Company, Inc. and/or its agents to make an independent investigation of my background references, character, past employment, education, driving history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment.

Further, if hired by McNeill Oil Company, Inc., I understand and authorize that a periodic or updated background investigation may be requested for the duration of my employment, (for purposes including job promotion, changes in job title/responsibilities, transfers, security clearance functions, etc.).

I release McNeill Oil Company, Inc. and/or its agents any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above reference sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Full Name Printed

Maiden Name or Other Names Used

Present Address

City/State/Zip

Years/Months

Former Address

City/State/Zip

Years/Months

Date of Birth

Social Security Number

Drivers License Number

Issuing State

Signature

Today's Date

• Note: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. McNeill Oil Company, Inc. does not discriminate on the basis of Sex, Religion, Veteran Status, Age (40 and over), or Disability.

McNeill Oil Company, Inc.

Applicant Drug & Alcohol Testing

CONSENT AGREEMENT

As a prerequisite to employment, I hereby agree to allow McNeill Oil Company, Inc. to collect urine samples from me to determine the presence of drugs or alcohol in my body. Further, I give my consent to the release of my test results to authorized Southern Sales management for appropriate review.

I understand that the results of the drug / alcohol testing of my urine, if positive, will remove me from consideration for employment. I also understand that if I refuse to consent, I will be removed from further consideration for employment.

Further, I understand that, if employed by McNeill Oil Company, Inc., I must abide by the terms of Southern McNeill Oil Company, Inc. Drug & Alcohol Policy and may be required to submit to testing for the presence of drugs or alcohol for reasons stated in McNeill Oil Company, Inc. policy. I understand that submission to such testing is a condition of employment with McNeill Oil Company, Inc. Disciplinary action, up to and including discharge, may result for violating McNeill Oil Company, Inc. & Alcohol Policy.

I hereby consent to the administration of the drug and alcohol test and to the terms and conditions of the Consent Agreement.

Applicants Signature

Date

Witness's Signature

Date

I hereby refuse the drug and alcohol detection urine test.

Applicants Signature

Date

Witness's Signature

Date