### 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 INFORMA	TION		
Last Name	First	Middle	Date
Street Address			Phone Number
City, State, Zip			Social Security #
Have you ever applied for	employment with us i	n the past?	Will you work overtime if asked?
YES NO I	f yes: Month & Year _	<u> </u>	Yes No
Location			
Position Desired			Pay Expected
Apart from absence for rel	igious observance, are	e you available for full-time work?	Date you will be available to begin working
YES NO I	f not, what hours can	you work?	
Are you legally eligible for	employment in the Ui	nited States?	
Person to contact in case of	of emergency:		
Relationship:	1	Phone #	

EDUCATION INFORMATION (Complete all that apply)				
<u>School</u>	Name & Location of School	Course of Study	No. of Years Completed	<u>Did You Graduate?</u>
Graduate				
College				
Business/Trade or Technical				
High School				

Membership in Professional or	
(Exclude those which may disclose your race, co	olor, religion, or national origin)
Military	
	If "Yes " in what Branch?
Military  Did you serve in the U.S. Armed Forces?	If "Yes," in what Branch?
Did you serve in the U.S. Armed Forces?	If "Yes," in what Branch?
Did you serve in the U.S. Armed Forces?  Yes ——— No ———	If "Yes," in what Branch?
Did you serve in the U.S. Armed Forces?	If "Yes," in what Branch?
Did you serve in the U.S. Armed Forces?  Yes ——— No ———	If "Yes," in what Branch?
Did you serve in the U.S. Armed Forces?  Yes ——— No ———	If "Yes," in what Branch?
Did you serve in the U.S. Armed Forces?  Yes ——— No ———	If "Yes," in what Branch?
Did you serve in the U.S. Armed Forces?  Yes ——— No ———	If "Yes," in what Branch?
Did you serve in the U.S. Armed Forces?  Yes ——— No ———	If "Yes," in what Branch?

# **EMPLOYMENT HISTORY**

Company Name		Telephone #		
	Address	Employed- (state month & year)		
		From: To:		
	Name of Supervisor	Weekly pay		
	Job Title & Description of Work	Start: Last:  Reason for Leaving		
	Job Title & Description of Work	Neason for Leaving		
	Company Name	Telephone #		
	Address	Employed- (state month & year)		
,		From: To:		
2	Name of Supervisor	Weekly pay Start: Last:		
	Job Title & Description of Work	Reason for Leaving		
	Company Name	Telephone #		
	Address	Employed- (state month & year)		
3	No. of Control of Control	From: To:		
	Name of Supervisor	Weekly pay Start: Last:		
	Job Title & Description of Work	Reason for Leaving		
	Company Name	Telephone #		
	Company Name	relephone #		
	Address	Employed- (state month & year)		
4	Name of Supervisor	From: To:  Weekly pay		
•	Traine of Supervisor	Start: Last:		
	Job Title & Description of Work	Reason for Leaving		
	We may contact the employers listed above	unless you indicate those you do not want us to contact		
Ξn	nployers Number(s)			
R۵	ason			

## McNeill Oil & Propane Company, Inc.

**Background Investigation Consent Form** 

references, characondice records, incorganizations and contained on my a	o make an independent cter, past employment, cluding those maintained all public records for th	reby authorize McNeill ( t investigation of my bac education, driving histor d by both public and prive e purpose of confirming ning other information went.	ckground ry, criminal or vate the information
periodic or update of my employmen	d background investiga	I understand and auth tion may be requested for good promotion, change arance functions, etc.).	or the duration
I release McNeill ( provides informati claims or law suits the above referen	s in regards to the inforn	agents any person or e orization, from any and nation obtained from an	entity, which all liabilities, y and all of
The following is m correct to the best	y true and complete leg of my knowledge.	al name and all informa	ition is true and
	Full Name	Printed	
	Maiden Name or Ot	her Names Used	
Present Address	City/Sta	nte/Zip	/ears/Months
Former Address	City/Sta	nte/Zip	/ears/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 and Propane does not discriminate on the basis of Sex, Religion, Veteran Status, Age (40 and over), or Disability.

## McNeill Oil & Propane Company, Inc.

Applicant Drug & Alcohol Testing

#### CONSENT AGREEMENT

As a prerequisite to employment, I hereby agree to allow McNeill Oil & Propane 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 McNeill Oil & Propane 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 & Propane, I must abide by the terms of McNeill Oil & Propane Drug & Alcohol Policy and may be required to submit to testing for the presence of drugs or alcohol for reasons stated in McNeill Oil & Propane's policy. I understand that submission to such testing is a condition of employment with McNeill Oil & Propane. Disciplinary action, up to and including discharge, may result for violating Southern Sales Drug & Alcohol Policy.

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

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Applicants Signature	Date
Witness's Signature	Date
I hereby refuse the drug and alcohol de	etection urine test.
Applicants Signature	Date
Witness's Signature	Date