

EMPLOYMENT APPLICATION

PLEASE COMPLETE IN FULL OR IT MAY NOT BE CONSIDERED.

APPLICANT INFORMATION					
FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
REFERRED BY					
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	

Do you have legal right to work in the United States? YES NO

What is your expected rate of pay for this position? \$_____ per hour

PREVIOUS THREE YEARS RESIDENCY					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX. NO OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

EMPLOYMENT HISTORY

We ask that all applicants list all employment for the last three (3) years. **Any gaps in employment in excess of one (1) month must be explained.** Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING					
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
Are you now employed? If not, how long since leaving last employment? _____					<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever worked for Heritage Petroleum, Heritage Distribution, Gabe's Oil, Legacy Propane, or WOC Maintenance before?					<input type="checkbox"/> YES <input type="checkbox"/> NO

SECOND (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING					
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

THIRD (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING					
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE		DETAILS
				Y	N	
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

OTHER QUALIFICATIONS

Please list any other qualifications that you have and which you believe should be considered.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted. I understand that I have the right to:

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature		Date	
Applicant Name (printed)			