



# APPLICATION FOR EMPLOYMENT

It is the policy of Annapolis Propane & Fuels to provide equal opportunity with regards to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability veteran status, age or any protected classification.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## PERSONAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

Are you legally authorized to work in the United States?  Yes  No

Have you been convicted of a felony in the past 7 years?  Yes  No

## EMPLOYMENT DESIRED

Position applied for \_\_\_\_\_ Desired Salary \_\_\_\_\_ Date available \_\_\_\_\_

**Referral Source**  Advertisement  Job Fair  Walk-in  Government Employment Agency  
 Staffing Agency  Website  Employee \_\_\_\_\_

Type of employment desired?  Full-time  Part-time  Seasonal  Temporary

Have you ever been employed by this company?  Yes  No When? \_\_\_\_\_ Where? \_\_\_\_\_

Will you relocate if required  Yes  No Are you willing to travel?  Yes - What percent \_\_\_\_\_  No

## EDUCATIONAL BACKGROUND

### High School

Name \_\_\_\_\_ Location \_\_\_\_\_

Course/s of Study \_\_\_\_\_ Years Completed \_\_\_\_\_ Did you graduate?  Yes  No  
 Diploma  GED  Degree  Certification  Other

### College

Name \_\_\_\_\_ Location \_\_\_\_\_

Course/s of Study \_\_\_\_\_ Years Completed \_\_\_\_\_ Did you graduate?  Yes  No  
 Diploma  GED  Degree  Certification  Other

### Vocational or other training

Name \_\_\_\_\_ Location \_\_\_\_\_

Course/s of Study \_\_\_\_\_ Years Completed \_\_\_\_\_ Did you graduate?  Yes  No  
 Diploma  GED  Degree  Certification  Other

## EMPLOYMENT HISTORY

Start with most recent employer, please provide the following information

Company Name _____	Telephone (_____) _____ - _____
Address _____	Name of Supervisor _____
Dates Employed: From _____ To _____	
Job Title _____	Responsibilities _____
Reason for leaving _____	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name _____	Telephone (_____) _____ - _____
Address _____	Name of Supervisor _____
Dates Employed: From _____ To _____	
Job Title _____	Responsibilities _____
Reason for leaving _____	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name _____	Telephone (_____) _____ - _____
Address _____	Name of Supervisor _____
Dates Employed: From _____ To _____	
Job Title _____	Responsibilities _____
Reason for leaving _____	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name _____	Telephone (_____) _____ - _____
Address _____	Name of Supervisor _____
Dates Employed: From _____ To _____	Job Title _____ Responsibilities _____
Reason for leaving _____	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Please Read Before Signing:**

I certify that all information provided by me on this application (and accompanying resume, if any) are true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand and agree that nothing contained in this application or conveyed during any interview is intended to create an employment contract. I further agree that my employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

If I am offered employment with this company I agree to submit to medical examination and drug testing prior to starting work. If employed I agree to submit to a medical examination or drug testing at any time deemed appropriate by the Company and as permitted by law. I consent to aforementioned test and examination and I request that the examining doctor disclose to the Company the results of the examination and drug test, all results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon a satisfactory medical examination and drug test, and if hired a condition of employment will be that I abide by the Company's Drug and Alcohol Policy.

**I hereby acknowledge that I have read and understand the above statements.**

Signature \_\_\_\_\_ Date \_\_\_\_\_