

APPLICATION FOR EMPLOYMENT

MG OIL COMPANY

MG Oil considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital, or veteran status, the presence of non-job related medical condition or disability, or any other legally protected status.

PERSONAL

Position Applying For: _____ **Date Available:** _____

Referred by: _____ Type of Employment (Circle all that Apply): Full Time Part Time Summer Only

Last Name: _____ First Name: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home () _____ Work () _____ Cell () _____

Social Security Number: _____ Date of Birth: _____

Have you ever been employed with MG Oil? Yes / No If yes, where and when: _____

Friend's or relative's currently working for MG Oil? _____

Are you a US Citizen? _____ Are you of legal age to sell wine and hard liquor? _____

Are you presently in the National Guard or Military Service or Reserve? Yes / No

Have you ever been refused or do you believe you might be refused for bonding? _____

If yes, please explain. _____

What shifts can you work (circle all that Apply): 7:00 AM - 3:00 PM 3:00 PM - 11:00 PM 11:00 PM - 7:00 AM.

Will you work weekends? _____ Will you work at other locations? _____ Will you work overtime? _____

Will you work rotational shifts? _____ Have you operated a cash register? _____

If part time, what days and hours can you work? _____

EDUCATION & TRAINING

Do you have a high school diploma or GED? YES _____ NO _____

Please circle highest level of education completed: 8 9 10 11 12 13 14 15 16 17 18 19 20

Name/Address High School/Trade School/ College/Graduate/Military	Course of Study/ Military Branch	# of Yrs Completed	Did you Graduate?	Degree/ Diploma

Special training/skills: _____

EMPLOYMENT

PLEASE GIVE ACCURATE, COMPLETE EMPLOYMENT HISTORY BEGINNING WITH PRESENT OR MOST CURRENT POSITION.

(THIS INFORMATION DOES NOT NEED TO BE COMPLETED IF INCLUDED ON AN ATTACHED RESUME.)

❖ Company Name: _____	Dates: From _____ To _____
Address: _____	Phone: _____
Name of Supervisor: _____	Salary: _____
Reason for Leaving: _____	May we contact for reference: _____
❖ Company Name: _____	Dates: From _____ To _____
Address: _____	Phone: _____
Name of Supervisor: _____	Salary: _____
Reason for Leaving: _____	May we contact for reference: _____
❖ Company Name: _____	Dates: From _____ To _____
Address: _____	Phone: _____
Name of Supervisor: _____	Salary: _____
Reason for Leaving: _____	May we contact for reference: _____
Explain any lapse of time in your employment: _____	

LIST OTHER PEOPLE WHO HAVE KNOWLEDGE OF YOUR QUALIFICATIONS. DO NOT REPEAT PERSONS LISTED UNDER EMPLOYMENT.

(THIS INFORMATION DOES NOT NEED TO BE COMPLETED IF INCLUDED ON AN ATTACHED RESUME.)

REFERENCE

NAME & ADDRESS	RELATIONSHIP	POSITION/TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that as part of my pre employment interview I will be required to take a drug test, and pre-employment background check. I understand my employment will be on a TRIAL BASIS FOR NINETY DAYS. During this period, I may be TERMINATED FROM EMPLOYMENT WITHOUT NOTICE. I will abide by all company policies and procedures. I further understand that I may be required to participate in interviews or investigations by the Loss Prevention Department. I hereby acknowledge that I have read the above statement, understand it, and agree to abide by its terms.

SIGNATURE

DATE