



**Aaron Oil  
Company, Inc. ®**

## Application for Employment

An Equal Opportunity Employer

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Referral Source

☐ Advertisement ☐ Employee ☐ Relative ☐ Government Employment Agency ☐ Walk-In

☐ Private Employment Agency ☐ Website ☐ Other \_\_\_\_\_

Name of source ( if applicable) \_\_\_\_\_

Applicant's Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Social Security # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Telephone# (\_\_\_\_) \_\_\_\_\_ Mobile/Pager/Other phone# (\_\_\_\_) \_\_\_\_\_

If necessary, the best time to contact you at home is ☐ Morning ☐ Afternoon ☐ Evening

May we contact you at work ☐ Yes ☐ No

If yes, the best time to contact you at work is ☐ Morning ☐ Afternoon ☐ Evening

If you are under 18 and it is required, can you furnish a work permit ? ☐ Yes ☐ No



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Have you ever submitted an application here before? ☐ Yes ☐ No

If yes, give date(s) and position(s) \_\_\_\_\_

Have you ever been employed here before? ☐ Yes ☐ No

If yes, give dates From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you legally eligible for employment in this country? ☐ Yes ☐ No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \$ \_\_\_\_\_

Type of employment desired ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal ☐ Educational Co-Op

Will you relocate if the job requires it? ☐ Yes ☐ No Will you travel if the job requires it? ☐ Yes ☐ No

Are you able to meet the attendance requirements of the position? ☐ Yes ☐ No

Are you willing to work overtime if required? ☐ Yes ☐ No If no, please explain \_\_\_\_\_

Have you ever been bonded? ☐ Yes ☐ No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? ☐ Yes ☐ No

If yes please provide date(s) and details \_\_\_\_\_

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Driver's license number if driving is an essential job function \_\_\_\_\_ State \_\_\_\_\_



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### Employment History

Starting with your most recent employer, assignments or volunteer activities, provide the following information.

Employer Telephone# ( )	Date employed ____/____/____ to ____/____/____
Street Address City State	Compensation starting
Starting Job Title/Final Job Title	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ ____ Per
Immediate Supervisor and Title	Compensation final
Reason for Leaving	Commission/Bonus \$
May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Essential job requirements/responsibilities
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Street Address City State	Compensation starting
Starting Job Title/Final Job Title	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ ____ Per
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### Skills and Qualifications

☐ Microsoft Word
 ☐ Microsoft Excel
 ☐ Microsoft PowerPoint
 ☐ Microsoft Access
 ☐ Microsoft Office
 ☐ Internet

Summarize any special training skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying:

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### Education Background (if job related)

Starting with you most recent school attended, provide the following information.

School (Include City and State)	Number of Years Completed	Achieved	GPA Class Rank	Major	Minor
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree			
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree			
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree			

### References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to Candidate	Telephone	Number of Years known
			( )	
			( )	
			( )	
			( )	
			( )	



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### Additional Information

List professional, trade, business, or civic associations and any offices held.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status

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List any additional information you would like us to consider. \_\_\_\_\_

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### Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employers, its agents, employees or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no questions on this applications is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

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 (a) cancel further consideration of this application or (b) immediately discharge me from the employer's service, whenever it is discovered.

**I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Acknowledgement and Release

I, \_\_\_\_\_, having filed an application for employment with Aaron Oil Company, Inc. or any of its affiliates, hereby authorize every corporation, organization, institution, person or other entity having possession, custody, or control of any records, to provide such records to Aaron Oil Company, Inc. or its affiliates. I also authorize the release of my scholastic records (transcripts). I hereby release from any and all liability every corporation, organization, institution, person, or other entity, which produces documents or other information in accordance with this acknowledgement and release. I agree that photocopies of this acknowledgement and release may be accepted with the same authority as the original.

I understand that in the event my application for employment is accepted, the effective date of acceptance and of my employment shall be the time I actually commence work. If I am employed, I agree to comply with and be bound by the safety and work rules and other regulations of the company. By signing this acknowledgement and release, I acknowledge that Aaron Oil Company, Inc. and its affiliated subsidiaries have a drug and alcohol substance abuse screening program, which includes a urinalysis test. Also, I understand that the drug and alcohol substance abuse test is required as part of the employment application process and that, in order to be considered for employment, the results of the test must be negative. I agree to participate in this drug and alcohol abuse testing which includes the urinalysis test. If, I refuse to submit to this test or fail this drug and alcohol-screening program, my employment application will be rejected/my employment will be terminated. I, fully release Aaron Oil Company, Inc. and its employees, agents and subsidiaries from all liability in connection with drug and alcohol substance abuse testing and any pre-placement application for employment. I agree that, if I am offered employment, I will, upon request, submit to a medical examination and will submit to periodic medical examinations thereafter, as required.

I understand that I must notify the company of any driving violation, accident, or license suspension I incur, and a copy of the citation must be provided to the company. (Applicable only to those with an AOC company owned vehicle)  
I consent to Aaron Oil Company, Inc. or any of its subsidiary companies or designated agents, seeking and obtaining job related information and I give consent to every corporation, organization, institution, or person having possession, custody or control of such information and release them from all liability in connection with their providing to Aaron Oil Company, Inc. Or its subsidiary companies or designated agents, job related information concerning my application for employment.

My signature below indicates that I have read, understand and consented to the above statements and that I have made true, correct and complete answers and statements on this applications and any supplements to it, with the knowledge that they will be relied upon in considering my application for employment, and I understand that any omission, false answer or statements made by me on this application, or any supplements to it, will be sufficient grounds for rejection of my application or for my discharge from employment.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Other Name(S)  
By Which You Have Been Known \_\_\_\_\_

Social Security Number \_\_\_\_\_