

# MOTOR OIL SUPPLY

## JOB APPLICATION

1123 4<sup>th</sup> Ave. N., Kent, WA 98032  
(253) 854-5454

APPLICANT INFORMATION												
Last Name					First				M.I.	Date		
Street Address								Apartment/Unit #				
City					State				ZIP			
Phone					Social Security No.							
Date Available				Desired Salary				Type of Employment Desired: (circle) Permanent or Temporary				
Position Applied for					Number of Yrs Experience in This Work:							
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?									
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain									
EDUCATION												
High School					Address							
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
College					Address							
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
Other					Address							
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
List any Specialized Training or Skills:												
REFERENCES												
<i>Please list three professional references.</i>												
Full Name					Relationship							
Company					Phone	(      )						
Address												
Full Name					Relationship							
Company					Phone	(      )						
Address												
Full Name					Relationship							
Company					Phone	(      )						
Address												

PREVIOUS EMPLOYMENT			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

EXPERIENCE AND QUALIFICATIONS-DRIVER		
Driver License #	Expiration Date:	
<u>Accident Record for Past 3 year or more:</u>		
Date	Nature of Accident (Head-On, Rear-End, Upset, Ect.)	Fatalities or Injuries

- 1) Have you ever been denied a license, permit or privilege to operate a motor vehicle? (circle) Yes No  
 2) Has any license, permit or privilege ever been suspended or revoked? (circle) Yes No  
 If you answered Yes to either 1 or 2, attach statement with details.

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date