

# APPLICATION FOR EMPLOYMENT

- PETROLEUM MARKETERS, INC.  
 PM TERMINALS, INC.                       PMI SERVICES, INC.  
 STOP IN FOOD STORES, INC.             PM FOODS, INC.  
 PM TRANSPORT, INC.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, disability, age, marital status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?

Advertisement                       Friend \_\_\_\_\_                       Inquiry  
 Employment Agency                 Relative \_\_\_\_\_                       Other \_\_\_\_\_

Last Name	First Name	Middle Name
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Address	Number	Street	City	State	Zip Code
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Telephone Number(s)	
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Best time to contact you at home is: .....:.....<sup>AM</sup>/<sub>PM</sub>

If you are under 18 years of age, can you provide required proof of your eligibility to work? .....  Yes     No

Have you ever filed an application with us before? .....  Yes     No  
If yes, give date \_\_\_\_\_

Have you ever been employed with any of the companies listed above? .....  Yes     No  
If Yes, give date \_\_\_\_\_

Do any of your relatives, other than spouse, work here? .....  Yes     No  
If Yes, state name, relationship and location \_\_\_\_\_

Are you currently employed? .....  Yes     No

May we contact your present employer? .....  Yes     No

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

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

Are you available to work:     Full Time (Please indicate 1 2 3 shift)  
                                           Part Time (Please indicate Mornings Afternoons Evenings)  
                                           Temporary (Please indicate dates available \_\_\_/\_\_\_ - \_\_\_/\_\_\_)

Are you currently on "lay-off" status and subject to recall? .....  Yes     No

Can you travel if a job requires it? .....  Yes     No

Have you been convicted of a felony? .....  Yes     No

If Yes, please provide the date, locality and type of offense \_\_\_\_\_  
*Conviction will not necessarily disqualify an applicant from employment.*

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

## EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specific)				

## WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving		May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving		May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving		May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving		May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Comments: Include explanation of any gaps in employment.**


Describe any specialized job-related training, apprenticeship, skills.


List professional, trade, business or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*


**SPECIALIZED SKILLS (Skills/Equipment Operated)**

<input type="checkbox"/> Cash Register	<input type="checkbox"/> Spreadsheet	<b>Production/Mobile Machinery (list)</b>	<b>Other (list)</b>
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter		_____	_____
WPM _____		_____	_____
<i>State any additional information you feel may be helpful to us in considering your application.</i>			
_____			
_____			
_____			

**PERSONAL/PROFESSIONAL REFERENCES** *Do not include family members or past supervisors.*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

# APPLICANT'S STATEMENT

I certify that answers provided herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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