

# APPLICATION FOR EMPLOYMENT

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

We consider applicants for all positions without regard to race, color religion, creed, gender, national origin, ancestry, age, disability, marital or veteran status or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend _____	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative _____	<input type="checkbox"/> Other _____
Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		

Best time to contact you at home is: .....:..... AM  
PM

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 Afternoon 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.

Empty box for 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:

Empty box for professional, trade, business or civic activities and offices held.

SPECIALIZED SKILLS (Skills/Equipment Operated)

Form for specialized skills including checkboxes for Cash Register, Spreadsheet, PC/MAC, Word Processing, Typewriter, WPM, and Production/Mobile Machinery. Includes a section for additional information.

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

Table with 4 columns: Name, Phone Number, Best Time to Call, Occupation. Rows 1, 2, 3.

# APPLICANT'S STATEMENT

I certify that answers given 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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