



3798 Paxton Street
Harrisburg, PA 17105
 Ph.: (717) 564-1657
 Fax: (717) 558-8823

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

PERSONAL

Last Name	First	Middle	Date
Street Address			Home Telephone ()
City, State, Zip			Business Telephone ()
Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			Social Security #
Position(s) Applied For			Pay Expected
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If hired you are required to submit proof of your eligibility to work in the U.S.A.			When will you be available to begin work?
Other special training or skills (languages, machine operation, computer software, etc.)			

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Who informed you of this job opening? _____

List any friends or relatives who work for us: _____

PERSONAL REFERENCES

Not former employers or relatives.

Name and Occupation	Address	Phone Number

May we telephone you at home to follow up on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the best time to call?
May we telephone you at work to follow up on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the best time to call?

PLEASE READ BEFORE SIGNING

IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK BEFORE SIGNING

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application and release any and all persons, companies or agencies responding to such investigations from any liability for releasing information. I understand that the Company may request information on my driving record from state and DOT agencies and I hereby authorize such investigations. I also understand that misrepresentation or omission of facts called for in this application is cause for rejection of this application and/or subsequent dismissal from employment.

I understand and agree that this waiver form remains valid during my tenure as an employee and may be used at any time by Service Oil Company for the purpose of obtaining updated information. A copy of this form will be as valid as the original.

I further understand that this application does not constitute a contract for or an offer of employment but is merely one step in the employment process. I hereby acknowledge that I have read the above statements and understand them completely.

Date

Signature of Applicant

APPLICANT – Do not write on this page

FOR INTERVIEWER' S USE

Interviewer	Date	Comments

FOR TEST ADMINISTRATOR'S USE

Tests Administered	Date	Raw Score	Rating	Comments and Interpretation

REFERENCE CHECK

Position Number	Results of Reference Check	Additional Comments
I		
II		
III		
IV		