

CONDON OIL COMPANY

126 E. Jackson, P.O. Box 184
Ripon, WI 54971
(920) 748-3186 1 (800) 452-1212

EMPLOYMENT APPLICATION

Name: _____ Address: _____ Date: _____
Telephone: _____ City/State/Zip: _____
Position Applied For: _____ Full Time _____ Part-Time _____ Social Security #: _____
Station Name: _____ Wage Desired: _____

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Are you at least 18 yrs old? If not, what age are you? _____	<input type="checkbox"/>	<input type="checkbox"/>	Will you undergo a drug screen, if required?
<input type="checkbox"/>	<input type="checkbox"/>	Can you provide a work permit, if necessary?	<input type="checkbox"/>	<input type="checkbox"/>	Can you work weekends, evenings, shifts and holidays?
<input type="checkbox"/>	<input type="checkbox"/>	Did you complete High School?	<input type="checkbox"/>	<input type="checkbox"/>	Can you travel, if required?
<input type="checkbox"/>	<input type="checkbox"/>	Did you Complete College? If yes, field: _____	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been fired from a job?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have other education or training? If yes, field: _____	<input type="checkbox"/>	<input type="checkbox"/>	Have you worked for Condon Oil before? If yes, which location: _____
<input type="checkbox"/>	<input type="checkbox"/>	Can you provide proof of legal right to work?	<input type="checkbox"/>	<input type="checkbox"/>	Have you made application with Condon Oil before? If yes, where: _____
<input type="checkbox"/>	<input type="checkbox"/>	Can you work in a non-tobacco use environment?	<input type="checkbox"/>	<input type="checkbox"/>	Are you related to a Condon Oil employee? If yes, who: _____

WORK EXPERIENCE

Company: _____ Address: _____
City: _____ State: _____ Zip: _____ Employed from: _____ To: _____
Last Position Held: _____ Salary: Beginning _____ Ending: _____
Reason for Leaving: _____ Hours Worked/Week _____
Immediate Supervisor: _____ Phone #: _____
Duties, responsibilities and number you supervised: _____

My initials _____ indicate my permission for you to talk to this employer.

Company: _____ Address: _____
City: _____ State: _____ Zip: _____ Employed from: _____ To: _____
Last Position Held: _____ Salary: Beginning _____ Ending: _____
Reason for Leaving: _____ Hours Worked/Week _____
Immediate Supervisor: _____ Phone #: _____
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EDUCATION

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

DO YOU HAVE EXPERIENCE IN THE FOLLOWING?

Yes	No	Counting Change	Yes	No	Lotto Machines (if yes, in what state)	Yes	No	Food Service
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Customer Service
<input type="checkbox"/>	<input type="checkbox"/>	Fuel Pumps	<input type="checkbox"/>	<input type="checkbox"/>	Cash Register	<input type="checkbox"/>	<input type="checkbox"/>	Customer Complaints
<input type="checkbox"/>	<input type="checkbox"/>	Computer	<input type="checkbox"/>	<input type="checkbox"/>	Credit Card Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Safety Rules
<input type="checkbox"/>	<input type="checkbox"/>	Calculator	<input type="checkbox"/>	<input type="checkbox"/>	Cash Drops	<input type="checkbox"/>	<input type="checkbox"/>	

This Section Must be Completed by All Applicants to be Considered for Employment with Condon Oil! VEHICLE OPERATIONS INFORMATION

Driver's License: State License Number License Type Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle of any type?	Yes	No
Has your license, permit or privilege ever been suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
Can you provide your driving record from the Department of Motor Vehicles, if employed?	<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT'S AGREEMENT

I UNDERSTAND AND AGREE THAT:

- I certify that all information given on this application and accompanying documents is true and complete.
- I understand application forms and all other materials are the property of the Company.
- I authorize all previous employers, references, the National Personnel Records Center and/or Army, Navy, Marine, Air Force, Coast Guard or their reserve components, driving records, consumer reporting, and any other entity to furnish the Company, to the extent permitted by Federal or State Law, my reason for leaving, and all other information they may have concerning me. I release them and the Company from all liability that may arise from such investigation.
- I understand, if employed, I may terminate my employment at any time without cause, and the Company may terminate or modify the relationship at any time without notice or cause. I further understand, if employed, my employment is for no definite period of time, and if terminated, the Company is liable only for wages or salary earned as of the date of termination.
- I understand and voluntarily agree, as a condition of employment or continued employment, I may be requested by the Company to submit to a urinalysis, drug screen, alcohol blood analysis and/or other kinds and types of testing, when requested to do so or unsatisfactory test results will disqualify me for consideration for employment, or if I am employed, may result in my immediate dismissal.

X _____
Signature of Applicant

Date