

HOLLON OIL COMPANY

Application For Employment

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, disability or national origin.

PERSONAL INFORMATION

Date of Application: / /

Last Name	First Name	Middle Name	Social Security #
Current Address		City	State Zipcode
Home Telephone #	Other Telephone #	Referred By	

EMPLOYMENT DESIRED

Position	Salary Desired	Date You Can Start
Are You Employed Now?	If so, may we contact your current employer?	Name of Current Employer
Have you ever been employed by Hollon Oil Company?		Have you ever applied to Hollon Oil Company?
Do you have any relatives employed by Hollon Oil Company? If yes, give their name, position, and relationship:		

EDUCATION

Please circle the highest grade completed:		7	8	9	10	11	12	13	14	15	16+
High School Attended	City / State	# Yrs. Completed				Graduate?					
College Attended	City / State	# Yrs. Completed				Graduate? Degree?					
Business, Vocational, or Other Training	City / State	# Yrs. Completed				Graduate? Studied?					

GENERAL INFORMATION

If the job requires, do you have a valid driver's license?		
Driver's License #	State	
Please list any other skills, licenses or certificates that may be job-related or of value to this position.		
U.S. Military or Naval Service?	Rank	Current membership in National Guard or Reserves ?
Activities Other Than Religious (Civic, Athletic, Fraternal, Etc.) Exclude organizations the name or character of which indicates the Race, Creed, Color or National Origin of its members.		
Have you used any name or Social Security Numbers other than those above? If so, please list.		
Have you been convicted of any law violation (other than a minor traffic violation), or pled guilty or nolo contendere (no contest) to any law violation? (a record or conviction does not necessarily disqualify you from employment consideration). If yes, please list.		

EMPLOYMENT HISTORY / REFERENCES

(List Current or Most Recent Positions First)

Name of Most Recent Employer		City	State	Phone Number
Dates Employed (Month/Year) From / To /		Job Title	Supervisor's Name	
Duties				
Starting Salary		Final Salary	Reason For Leaving	

Name of Second Recent Employer		City	State	Phone Number
Dates Employed (Month/Year) From / To /		Job Title	Supervisor's Name	
Duties				
Starting Salary		Final Salary	Reason For Leaving	

Name of Third Recent Employer		City	State	Phone Number
Dates Employed (Month/Year) From / To /		Job Title	Supervisor's Name	
Duties				
Starting Salary		Final Salary	Reason For Leaving	

PERSONAL REFERENCES

Include only individuals not related to you, whom you have known at least one year.

Name	Address / Phone #	Occupation	# Yrs. Known
Name	Address / Phone #	Occupation	# Yrs. Known

CERTIFICATION AND RELEASE

I certify that the information contained in this application is correct to the best of my knowledge. I understand that any false information, omissions or misrepresentations of facts in this application are grounds for immediate dismissal from the company. I agree to conform to the rules and regulations of this company. I authorize the Company and / or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize, whether listed or not, any person, schools, company and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I will be an "At Will" employee and my employment can be terminated with or without cause or notice, at the option of either the company or myself.

Signature	Date
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