



Farmers Union Oil Company

APPLICATION FOR EMPLOYMENT

Email application to officemgr@montevideocenex.com or fax to (320)-226-7791

Farmers Union Oil Company is an equal opportunity employer and will not discriminate against any applicant for employment because of race, color, religion, gender, national origin, sexual orientation, disability, age, marital status or any other protected status. Applicants who require an accommodation throughout the application and interview process should request this in advance. Additional testing of job related skills might be required prior to employment. If you feel you have been discriminated against during the application process, contact the Human Resources Department at (320)-296-8861.

Position Applied For:

Today's Date:

Social Security #

Last Name:

First Name:

MI:

Home Address:

Street

City

State

Zip

Home Phone #

Cell Phone #

Are you 18 years of age or older? YES NO Driver's License #

(If Applying for a Position Requiring Driving)

Have you ever been employed by Farmers Union Oil Co. before? YES NO

If yes, where?

Reason For Leaving?

If hired, can you furnish proof that you are eligible to work in the United States? YES NO

The existence of a criminal record will not bar an applicant from employment

EDUCATIONAL HISTORY

Name of School/Location

Did you graduate?

Major

High School:

YES NO

N/A

College or University:

YES NO

Graduate:

YES NO

Technical or Business Training:

YES NO

Additional job related seminars, short courses, workshops, or other educational experiences:

MILITARY BACKGROUND

BRANCH OF SERVICE

MILITARY OCCUPATION

RANK AT DISCHARGE

SPECIAL TRAINING

REFERENCES

Please list a minimum of two current or past individuals who have supervised/managed you. Do not include relatives.

Name

Company

Title

Relationship

Phone #

1.

2.

3.

Farmers Union Oil Company

AN EQUAL OPPORTUNITY EMPLOYER

WORK HISTORY

Include all employment from your last three employers with start and end dates. If you have a gap of employment, please explain below, including dates. Failure to provide complete information may result in rejection of your application

MAY WE CONTACT YOU PRESENT EMPLOYER? YES NO If no, explain:

Present and Former Employers: LIST MOST RECENT FIRST		
Company Name:	Job Title/ Duties:	
Address:	City, State:	Zip:
Supervisor's Name:	Phone:	Final Wage:
Dates Worked: From	To	Reason for leaving:
Company Name:	Job Title/ Duties:	
Address:	City, State:	Zip:
Supervisor's Name:	Phone:	Final Wage:
Dates Worked: From	To	Reason for leaving:
Company Name:	Job Title/ Duties:	
Address:	City, State:	Zip:
Supervisor's Name:	Phone:	Final Wage:
Dates Worked: From	To	Reason for leaving:
Special Skills and Qualifications:		
Additional information you want us to consider in evaluating your qualifications:		
Explain any gaps in employment here:		

AGREEMENT- PLEASE READ CAREFULLY ENTIRE STATEMENT BELOW AND SIGN

I certify that the facts set forth in this application are true and complete, to the best of my knowledge. I acknowledge that Farmers Union Oil Co. (hereafter referred to as "THE COMPANY") may rely on my representations in making its hiring decision. I understand that any false statement or omission of information submitted on this application may result in my not being hired or if discovered later, my immediate discharge.

I understand that I will be required to submit to a pre-employment drug and Breathalyzer test, and that my offer of employment is contingent on the results of said test.

I authorize investigation of all statements contained herein and authorize the references and previous employers listed above to give THE COMPANY any and all information requested concerning my previous employment and any pertinent information they may have, personal, or otherwise. I understand that the results of such an investigation may be used to determine whether I will be hired. I hereby release said references, investigators, previous employers and THE COMPANY from all liability for any damages that may result from furnishing or receiving information.

I further agree that, if employed, I will conform my conduct to THE COMPANY rules and understand that my employment can be terminated with or without cause, and with or without notice, any time, at my option of THE COMPANY. I also understand that this application and any employment manuals or handbooks that may be distributed to me during my employment shall not be regarded as a contract.

In the event of termination or my employment, whether voluntary or involuntary, I authorize THE COMPANY, in its sole discretion, to supply my name, address and phone number to other divisions, companies, services or agencies, which may have employment opportunities.

APPLICANT SIGNATURE

DATE