



Max Fuel Express Max Arnold & Sons, LLC APPLICATION FOR EMPLOYMENT

Please TYPE or PRINT clearly. To be considered for employment, this Application for Employment must be fully completed. Each question must be answered in full. If an answer is NO or NOT APPLICABLE, please indicate such.

We are an Equal Opportunity Employer. We select the best-qualified individuals for all vacant positions regardless of race, color, religion, gender, national origin, age, sexual orientation, marital status, veteran status, disability, or any other legally protected status.

Please notify a representative of the Human Resource Department if you require a reasonable accommodation to participate in the application and/or interviewing process.

BIOGRAPHICAL DATA	Name (<i>First, Middle, Last</i>)		Date of application	Social Security Number (<i>optional</i>) - - -				
	Street Address		City	State	Zip Code			
	Are You At Least 18 Years of Age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone Number	Alternate Telephone Number				
	Position(s) Applied For			Rate Of Pay Desired?				
	Referred By		Date Available to Start Work					
	Are You Available To Work:					Are You Presently Employed?		
	Evenings <input type="checkbox"/> Yes <input type="checkbox"/> No	3 rd Shift <input type="checkbox"/> Yes <input type="checkbox"/> No	Weekends <input type="checkbox"/> Yes <input type="checkbox"/> No	Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No	Holidays <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Locations <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you interested in: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever worked for this company before? If yes when and where?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Have you ever submitted an application for employment with Max Fuel or Max Arnold & Sons, LLC? If yes, give month and year. Position(s) applied for.					<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If necessary best time to call you at home is.					<input type="checkbox"/> AM <input type="checkbox"/> PM		
	May we contact you at work If yes, work number _____ and best time to call _____					<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you legally eligible for employment in the United States? <i>Employment eligibility will be verified upon employment.</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Are you able to meet the attendance requirements for this position? If no, please explain.					<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Referral Source? <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Government Employee Agency <input type="checkbox"/> Private Employment Agency <input type="checkbox"/> Walk-in <input type="checkbox"/> Max Arnold & Sons Web Site <input type="checkbox"/> Other: _____							
	Signature of Applicant				Date			

EDUCATIONAL BACKGROUND	Type of School Attended	Name and Location of School	# of Years Completed	Course of Study/Major	Diploma or Degree Obtained	GPA
	Grammar Or Grade					
	High School / GED					
	College / Other					
	Other Education					

REFERENCES	List three professional references (other than relatives or former employers).	
	Name/Relationship	Telephone #
	1.	
	2.	
	3.	

Provide employment information, including military service, self-employment, student periods, for the last 10 years, starting with the most recent employer first. If you've held more than three jobs, provide this information on another sheet and attach to this form. Professional reference checks are a required part of the application process. We will contact your past/current employers.

EMPLOYMENT HISTORY	Name of Employer		Telephone Number	
	Address		City	State Zip Code
	<input type="checkbox"/> Fulltime	<input type="checkbox"/> Part-time	Avg. Hours Worked Per Week	Will Reference Be Positive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
	Employment Dates (Month/Year) From to		Start Salary \$ Per	End Salary \$ Per
	Job Title of Position(s)		Name and Job Title of Supervisor	
	Brief description of job duties, responsibilities and significant accomplishments			
	Reason for leaving		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	

EMPLOYMENT HISTORY	Name of Employer		Telephone Number		
	Address		City	State	Zip Code
	<input type="checkbox"/> Fulltime	<input type="checkbox"/> Part-time	Avg. Hours Worked Per Week	Will Reference Be Positive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	Were You Fired For Cause? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employment Dates (<i>Month/Year</i>) From to		Start Salary \$ Per	End Salary \$ Per	
	Job Title of Position(s)		Name and Job Title of Supervisor		
	Brief description of job duties, responsibilities and significant accomplishments				
	Reason for leaving		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
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	Address		City	State	Zip Code
	<input type="checkbox"/> Fulltime	<input type="checkbox"/> Part-time	Avg. Hours Worked Per Week	Will Reference Be Positive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	Were You Fired For Cause? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employment Dates (<i>Month/Year</i>) From to		Start Salary \$ Per	End Salary \$ Per	
	Job Title of Position(s)		Name and Job Title of Supervisor		
	Brief description of job duties, responsibilities and significant accomplishments				
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	Address		City	State	Zip Code
	<input type="checkbox"/> Fulltime	<input type="checkbox"/> Part-time	Avg. Hours Worked Per Week	Will Reference Be Positive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	Were You Fired For Cause? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employment Dates (<i>Month/Year</i>) From to		Start Salary \$ Per	End Salary \$ Per	
	Job Title of Position(s)		Name and Job Title of Supervisor		
	Brief description of job duties, responsibilities and significant accomplishments				
	Reason for leaving		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		

SKILLS	Describe any specialized training, volunteer activities, professional memberships, skills or qualifications you have that you feel will be helpful to us in considering your application.
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REFERENCES	List three professional references (other than relatives or former employers).			
	Name/Relationship	Address	Telephone #	Years Known
	1.			
	2.			
	3.			

CONVICTION RECORD STATUS	Have you ever been convicted of a felony or misdemeanor in this state or any other jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered 'yes' and have been convicted of a felony or misdemeanor, please provide additional information such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. Please note that a 'yes' answer to this question does not necessarily disqualify an applicant from employment. Misrepresentation or omission of facts will disqualify an applicant or be cause for dismissal of an employee.		
	Date of Offense	County and State in which Offense Occurred	Conviction/Explanation

PLEASE READ CAREFULLY AND SIGN BELOW

I hereby certify that all of the information provided in order to apply for and secure work with the employer is true, complete, and accurate.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I expressly authorize verification of all of the information I have provided on this application as well as any additional information needed to consider my application for employment. I authorize all previous employers, educational institutions, references, and other persons who have knowledge of me or my records to provide any and all information pertinent to my employment and release the same from any liability resulting from providing such information. I also release this organization and all of its employees from all liability for any damage that may result from reliance on the information furnished.

If employed, I agree to abide by all policies, procedures, rules, and regulations of the organization. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated by myself or the company at any time with or without cause or notice. I further understand that the policies, procedures, rules, and benefits contained in the employee handbook, benefit plans, and other written documents should not be considered an employment contract for any period of time.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice. The employer reserves the same right to terminate my employment at any time, with or without cause and without prior notices, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period of time.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cause further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

Do not sign until you have read the above applicant statement.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Date _____ Signature of Applicant _____

FOR OFFICE USE ONLY	NOT TO BE COMPLETED BY APPLICANT			
	POSITION HIRED FOR:		LOCATION:	
	DATE EMPLOYED	RATE PER	<input type="checkbox"/> HOUR	<input type="checkbox"/> WEEKLY
	WORK PERMIT:		STATUS:	
	DATE INTERVIEWED:			
	OTHER INFORMATION:			