

M. M. Satterfield Oil Co., Inc.

P.O. Box 1080

105 E. Robins

Conway, AR 72033

Phone: 501-327-7714

Fax: 501-327-2321

Application for Employment

(Equal Opportunity Employer)

General

NAME _____

ADDRESS _____

TELEPHONE (____) _____ SOCIAL SECURITY # _____

DATE OF BIRTH _____

DATE AVAILABLE FOR EMPLOYMENT _____

If employed and under 18, can you furnish a work permit? ___ Yes ___ No

Have you ever been employed by this company? ___ Yes ___ No

Are you employed now? ___ Yes ___ No

May we contact your present employer? ___ Yes ___ No

If yes, give name:

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? ___ Yes ___ No

Type of work desired:

If applying for a position where driving is required, do you have a valid driver's license in this state? ___ Yes ___ No License # _____

Can you perform the essential functions of the job(s) for which you are applying? ___ Yes ___ No

Are you available to work ___ FULL-TIME ___ PART-TIME

Have you been convicted of a felony? ___ Yes ___ No

(Please note that a "Yes" answer will not bar you from consideration for employment.)

If yes, please explain:

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws. This company will strive to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of the job.

Education

Elementary Secondary College Graduate School

Name & Address _____

Years Completed 4 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4

Course of Study _____

Special Skills, Qualifications, and Considerations:

Summarize special skills and qualifications, volunteer activities, military experience, employment, or other activities related to the job you are seeking:

References:

List three (3) non-relatives who are familiar with your qualifications, work history, and ability.

Name	Occupation/Relationship	Years Known	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment Experience:

Employer _____ Supervisor's Name _____

Address _____ Your Job Position _____

Telephone Number _____ Employed from _____ (mo/yr) to _____ (mo/yr)

Your Salary: Starting/Ending _____ Duties _____

What did you like most about your job?

Reason for Leaving

Employer _____ Supervisor's Name _____

Address _____ Your Job Position _____

Telephone Number _____ m _____ (mo/yr) to _____ (mo/yr)

Your Salary: Starting/Ending _____ Duties _____

What did you like most about your job?

Reason for Leaving

Employer _____ Supervisor's Name _____

Address _____ Your Job Position _____

Telephone Number _____ m _____ (mo/yr) to _____ (mo/yr)

Your Salary: Starting/Ending _____ Duties _____

What did you like most about your job?

Reason for Leaving

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resumé or other supplementary materials) are true and complete without omissions. By signing below, I authorize **THE COMPANY** to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character, and qualifications.

If hired, I will be responsible for familiarizing myself with all rules and regulations of **THE COMPANY** as they presently exist or are later modified. If hired, I understand my employment can be terminated, at the discretion of **THE COMPANY** or at my option, without notice, at any time and for any reason.

I also understand that no representative of **THE COMPANY** has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the president of **THE COMPANY**.

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

I have read, understand, and agree with the above.

Signature of Applicant

Date

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.