**Employment Application** (Please type or print with blue or black ink)

Employment Applica	ition (1 icas	c type	or print	with blue	of black i	iik)			
Complete all sections. Failure to do so may result in the rejection of your application.  Statements such as "see resume" do not substitute for completing any portion of the application.									
Position applied for				Date	e of applic	eation	Keri	Kerr Oil Co	
Type of employment desired (check all that apply)  Full Time Part-time Temporary					e available	e for work		<b>Office</b> 650 W. Clayton Ave	
How did you learn of this position? Be specific: relative, friends, name of newspaper, radio station, etc.								Coeur d' Alene, ID 83854 (208) 664-4820	
Last Name First Name					Middle N	Name	Home Telephone	<b>1</b>	
Street address City					State	Zip Code	Work Telephone	( )	
The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age.	Month Bi	rth Date Day	Year	:				May we contact you at work?  ☐Yes ☐ No	
			Have you	ou filed a	n applicat	ion here before?	Cell Phone/ Page ( )	Cell Phone/ Pager ( )	
Name(s)	Name(s) Relationship			Div	ision		Do you have any driving experience: Yes No		
Have you previously been employed by Kerr Oil Co. or Jifi stop Yes ☐ No ☐			If yes, g	give dates	s/locations	3	Will you transfer if required?  Yes No		
Driver's License/ I.D. # State					proof of citi being hired	zenship, visa, or alien ?	Will you travel if required? ☐ Yes ☐ No		
Have you graduated from high school or completed a GED? Yes No			If you a permit?		18, can yo	ou furnish a work No	Will you work overtime if required?  Yes No		
Schools attended (name and location)			Dates a From	ttended To	Credits earned	Major	Type of degree	Date of degree	
Other courses, institutions,			Dates a	ttended	Cour	rse title, type of subject	Type of degree	Date of degree	
organizations (name and location)			From	То		, 31	or certification	or certificate	
Skills and qualifications: Summar	ize special sk	ills an	d qualific	ations ac	auired fro	om employment or othe	er experiences that ma	v qualify you for	
work with Kerr Oil Co. (Include e							F		
	V	lunt	ary Aff	irmativ	zo Action	n Questionnaire			
Kerr Oil Co. Court is an equal of discrimination in employment of presence of a sensory, mental, of would appreciate if you complete.	opportunity en on the basis of or physical di	mployef race,	er and sha color, cre y. For the	all carry eed, relig e purposo	out federa gion, nation e of effect	l, state, and local laws nal origin, sex, sexual of ively implementing the	orientation, marital st Kerr Oil Co. Diversi	atus, or the	
What is your gender?	<b>→</b>		male	<u>,</u>					
Please check the racial/ethnic group with which you identify.  American Indian/Other (please specify)					skan Native	Asian/Pacific Is African Americ		nic/Latino /Caucasian	
Will you need any special equipment or assistance to do this job? Yes No				olease ex	plain				
Will you need special equipment or assistance in the testing process?   Yes  No			If yes, p	olease ex	plain				

<b>Employment History</b>								
From (Mo. & Yr.)	Title of present of	or most recent position	Employer's na	nme	Telephone			
To (Mo. & Yr.)	Primary duties		Street address	Street address				
Total months worked			City		State	Zip Code		
Hours worked each week			Name and title	Name and title of supervisor				
Starting salary			Reason for lea	Reason for leaving or considering change				
Present or last salary	Number of emplo supervised by yo							
From (Mo. & Yr.)	Title of position	held before the above	Employer's na	ame	Telephone			
To (Mo. & Yr.)	Primary duties		Street address	Street address				
Total months worked			City		State	Zip Code		
Hours worked each week			Name and title	Name and title of supervisor				
Ending salary	Number of emplo supervised by yo		Reason for lea	Reason for leaving				
From (Mo. & Yr.)	Title of Position	held before the above	Employer's na	nme	Telephone			
To (Mo. & Yr.)	Primary duties		Street address					
Total months worked			City		State	Zip Code		
Hours worked each week			Name and title of supervisor					
Ending salary	Number of emplo supervised by yo		Reason for leaving					
From (Mo. & Yr.)		held before the above	Employer's na	Employer's name Telephone				
To (Mo. & Yr.)	Primary duties		Street address	Street address				
Total months worked			City		State	Zip Code		
Hours worked each week			Name and title of supervisor					
Ending salary	Number of emplo supervised by yo		Reason for lea	Reason for leaving				
Reference authorization: I	authorize Kerr Oi	l Co. to contact the followi	ing three professi	onal references:				
Name		Title		Organization	Telephone			
					( )			
					(	)		
					1	)		
			<u> </u>		7	<i>,</i>		
Have you ever been convicted								
nature of the offense. Convict	lon of a crime or	Sentence	ot necessarily dai		emarks	<i>_</i> 0.		
Charge		Sentence		K				
It is understood and agreed that any misrepresentation in this application will be sufficient cause for cancellation of this application and/or								
termination from employment with Kerr Oil Co I give Kerr Oil Co. the right to investigate all references, and to secure additional information								
about me, including, but not r						tives from liability		
for seeking such information	as well as all othe	er persons, corporations or	organizations wh	o turnish such informati	1			
Signature of Applicant					Date			
X								