



700 27th Avenue SE
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FOR OFFICE USE ONLY!

DATE HIRED: _____ POSITION: _____

WAGE: \$ _____ STATUS: FT _____ PT _____

NOTES: _____

APPLICATION FOR EMPLOYMENT

(Complete in blue or black ink only-print information, do not type)

Date: _____

Name: _____
LAST FIRST MIDDLE INITIAL

Home Address: _____
STREET CITY STATE ZIP

Social Security #: _____ **Phone #:** _____

E-mail Address: _____ Wage Desired: _____

Position Desired: _____ Date Available: _____

What hours and days are you available to work?

EDUCATION	SCHOOL NAME	CITY/STATE	LIST DEGREES OR CERTIFICATES
High School			
College or Business School			
Vocational or other School			

PREVIOUS EMPLOYMENT-Give record for the past 10 years -use additional sheet if necessary.

Employer's Name & Address	Positions/Duties	Reason for Leaving	Pay Rate	Hire Date	Leaving Date
_____ <small>Co. Name</small> _____ <small>Address</small> _____ <small>Phone No.</small>					
_____ <small>Co. Name</small> _____ <small>Address</small> _____ <small>Phone No.</small>					
_____ <small>Co. Name</small> _____ <small>Address</small> _____ <small>Phone No.</small>					
_____ <small>Co. Name</small> _____ <small>Address</small> _____ <small>Phone No.</small>					

Referred by: Newspaper Agency Walk-in Individual; Name

Can you show proof that you have a legal right to work permanently in the U.S.? yes no

Have you ever been convicted of a felony? yes no

If yes, please explain and list date and city & state of conviction: _____

References (Business Only)

NAME	COMPANY	ADDRESS	TELEPHONE

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I do hereby authorize the investigation of any and all statements contained in said application. I understand that any false statements or misrepresentations of facts in this application will constitute sufficient cause for my dismissal. I am willing to take a physical examination to include drug and alcohol testing when requested. If employed, I understand that employment by Benz Oil Co. Inc. is solely on an at will basis and that this cannot be changed except in writing, signed by the President of the Company.

DATE _____

APPLICANT'S SIGNATURE _____