

# G R E S C O

## EMPLOYMENT APPLICATION FORM

Refinery • Environmental • LP Gas • Wastewater

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5.

Date:

Name:

Last

First

Middle

Maiden

Present Address:

Number

Street

City

State

Zip

How Long:

Social Security No.:

Telephone:

If under 18, please list age:

Position Applied For:

Days/Hours Available to Work:

Salary Desired:

No Pref

Thur

Mon

Fri

Tue

Sat

Wed

Sun

How many hours can you work weekly?

Can you work nights?

Do you have any pre-existing medical conditions?

*If yes, please explain*

Are you currently taking any prescription medication?

*If yes, please list medications and purpose*

Are you physically capable of lifting 50lbs or more?

No

Yes

Employment Desired:

FULL-TIME ONLY

PART-TIME ONLY

FULL- OR PART-TIME

When available for work?

Have you ever been convicted of a crime?

No

Yes

**EDUCATION & OTHER INFORMATION**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NO. OF YEARS COMPLETED	MAJOR & DEGREE
<b>High School</b>				
<b>College</b>				
<b>Bus. or Trade School</b>				
<b>Professional School</b>				

Are you related to anyone currently employed by GRESCO?  No  Yes

*If yes, please list the names and your relation to the individual.*

Name:	<input type="text"/>	Relation:	<input type="text"/>
Name:	<input type="text"/>	Relation:	<input type="text"/>
Name:	<input type="text"/>	Relation:	<input type="text"/>

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Do you have a driver's license?  Yes  No

What is your means of transportation to work?

Driver's License Number:  State of issue:  Operator

Commercial (CDL)  Chauffeur  Expiration Date:

Have you had any accidents during the past three years?  How many?

Have you had any moving violations during the past three years?  How Many?

**OFFICE ONLY DO NOT FILL OUT**

Typing  Yes  No  WPM      10-key  Yes  No      Word Processing  Yes  No  WPM

Personal Computer  Yes  No       PC  Mac      Other Skills:

Please list two references other than relatives or previous employers.

Name:	<input type="text"/>	Name:	<input type="text"/>
Position:	<input type="text"/>	Position:	<input type="text"/>
Company:	<input type="text"/>	Company:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
Telephone:	<input type="text"/>	Telephone:	<input type="text"/>

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to describe your full qualifications for the specific position for which you are applying.

**MILITARY**

Have you ever been in the armed forces?  Yes  No

Are you now a member of the national guard?  Yes  No

Specialty  Date Entered  Discharge Date

**Work Experience**

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

**Job One**

Name of Employer:	Name of Last Supervisor	Employment Dates	Salary
<input type="text"/>	<input type="text"/>	From: <input type="text"/>	Start: <input type="text"/>
Complete Address:		To: <input type="text"/>	Final: <input type="text"/>
<input type="text"/>			
Phone Number: <input type="text"/>	Your Last Job Title: <input type="text"/>		

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

**Job Two**

<b>Name of Employer:</b> <input type="text"/>	<b>Name of Last Supervisor</b> <input type="text"/>	<b>Employment Dates</b> From: <input type="text"/> To: <input type="text"/>	<b>Salary</b> Start: <input type="text"/> Final: <input type="text"/>
<b>Complete Address:</b> <input type="text"/>			
<b>Phone Number:</b> <input type="text"/>	<b>Your Last Job Title:</b> <input type="text"/>		

**Reason for Leaving (be specific):**

**List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.**

**Job Three**

<b>Name of Employer:</b> <input type="text"/>	<b>Name of Last Supervisor:</b> <input type="text"/>	<b>Employment Dates</b> From: <input type="text"/> To: <input type="text"/>	<b>Salary</b> Start: <input type="text"/> Final: <input type="text"/>
<b>Complete Address:</b> <input type="text"/>			
<b>Phone Number:</b> <input type="text"/>	<b>Your Last Job Title:</b> <input type="text"/>		

**Reason for Leaving (be specific):**

**List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.**

**May we contact your present employer?**       Yes       No

**Did you complete this application yourself?**       Yes       No

**If not, who did?**

**PLEASE ATTACH COPY OF VALID DRIVER LICENSE AND ANY OTHER PERTINENT INFORMATION**

**PLEASE READ CAREFULLY**

**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by GRESCO (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of GRESCO, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and GRESCO may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of **NINETY (90) DAYS**, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

**Signature of Applicant**

**Date:**

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

**Thank you for completing this application form and for your interest in our business.**

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

POST EMPLOYMENT INFORMATION FORM

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

Height: ft.  in.  Weight:  Birth Date:

Married  Yes  No  
If Married, How Long?   Single  Separated  Divorced  Widowed

Full Name of Spouse  Spouse Occupation

Name of Company  Telephone:

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name:  Telephone:

Address:  Relationship:

FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS

Name:	Relationship:	Birth Date:	SSN:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TO BE COMPLETED BY EMPLOYER

Date of Employment:  Job Title:  Dept.:

Location:  Rate of Pay:   Full-time  Part-time  Salaried

Applicant's signature acknowledging above information

Drug Test Confirmation Number:

Name of Person Verifying Information:

Name of Person Authorizing Employment:

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