

HENDERSON PROPANE SERVICE, APPLICATION FOR EMPLOYMENT

It is our policy to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap, or veteran status.

Position applied for _____

Name: Last _____ First _____ Middle _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Telephone #'s Home: _____ Cell: _____ Other: _____

Social Security # _____

How did you hear of this opening _____

When can you start _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?
(proof will be required upon employment) Yes No

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if the job requires it? Yes No

If applying for a driver position please list your Drivers License State of Issue, type and endorsements.

Have you been convicted of a felony within the last 7 years? Yes No

If yes, please fully describe the circumstances:

Education: School Name and Location Year Major Degree

High School _____

College _____

College _____

Other _____

In addition to your work history, are there are other skills, qualifications, or experience we should consider:

Employment History: (Start with most recent employer.)

Company name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? [] Yes [] No

Responsibilities _____

Reason for leaving _____

Company name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? [] Yes [] No

Responsibilities _____

Reason for leaving _____

Company name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____

Reason for leaving

Have you ever been employed with us? Yes No

If yes, give date _____

Have you ever applied with us before? Yes No

If yes, give date _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?
 Yes No

Attach additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no supervisor, manager, or executive of this company, other than the president has the authority to alter the foregoing.

Signature _____ Date _____