

Employment Application

Employer Blumont Energy – Lynchburg (formerly Watts Petroleum)

PERSONAL DATA

Name _____

Present Address _____ City _____ State _____ Zip _____

Phone _____

Emergency Contact _____ Phone _____

Driver's License: Operator CDL CDL Type _____ Endorsements _____

Do you have adequate transportation? Yes No

POSITION

Position or Type of Employment Desired _____

Will Accept: Part-Time Full-Time Date Available _____

Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? Yes No

EDUCATION AND TRAINING

High School Diploma/GED/HiSET? Yes No

	Name and Address of School	Major	Year Graduated	Degree
College				
College				
Other				

Languages Read, Written or Spoken Fluently Other Than English _____

REFERENCES (preferably persons who know about your work/training)

Name Address Phone Number

WORK EXPERIENCE (List most recent work experience first)

Company Name _____ Immediate Supervisor _____

Complete Address _____

Job Title _____ Phone _____

Job Description (duties, skills, equipment used)

Dates: From (mm/yy) To (mm/yy) _____ Reason for leaving _____

WORK EXPERIENCE

Company Name _____ Immediate Supervisor _____

Complete Address _____

Job Title _____ Phone _____

Job Description (duties, skills, equipment used)

Dates: From (mm/yy) To (mm/yy) _____ Reason for leaving _____

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Job Title _____ Phone _____

Job Description (duties, skills, equipment used)

Dates: From (mm/yy) To (mm/yy) _____ Reason for leaving _____

ADDITIONAL INFORMATION THAT COULD HELP YOU QUALIFY FOR THIS POSITION

Special skills, Licenses, Certificates, Volunteer work, etc.

This information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date.

Do you want to be informed before we contact your present employer? Yes No

With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

Signature: _____ Date: _____

We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, or disability.

Authorization

Authorization: By signing below, you authorize: (a) backgroundchecks.com (“BGC”) to request information about you from any public or private information source; (b) anyone to provide information about you to BGC; (c) BGC to provide us (Midway Bottled Gas Company) one or more reports based on that information; and (d) us to share those reports with others for legitimate business purposes related to your employment. BGC may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an applicant or employee with us.

The Consumer Financial Protection Bureau’s “Summary of Your Rights under the Fair Credit Reporting Act” is attached to this authorization. If you are a New York applicant, a copy of New York’s law on the use of criminal records is attached. By signing below, you acknowledge receipt of these documents.

Personal Information: Please print the information requested below to identify yourself for BGC.

Printed name:

First Middle (none) Last

Other names used:

Current and former addresses:

_____	current	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
_____	_____	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
_____	_____	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip

Some government agencies and other information sources require the following information when checking for records. BGC will not use it for any other purposes.

Date of birth

Social security number

Driver’s license number & state

Name as it appears on license

Report Copy: If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box: .

Signature

Date

Email: _____