

BARNETT'S PROPANE & TOWING

APPLICATION FOR EMPLOYMENT

Name (First) _____ (Middle) _____ (Last) _____		Social Security Number _____	
Home Address (Street) _____ (City) _____ (State) _____ (Zip Code) _____		Home Telephone Number _____	
Are you under 21 years old? Yes ___ No ___	If you are not a U.S. Citizen, have you the legal right to work in the U.S.? Yes ___ No ___	If yes, under what type of permit? _____ Message Phone Number _____	
Have you ever applied for employment at Barnett's? Yes ___ No ___	Have you ever been employed by Barnett's? Yes ___ No ___	Do you have friends or relatives employed by our company? Yes ___ No ___ If yes, give names _____	
How were you introduced to Barnett's? _____	Date Available _____	Hours and Days available for work? _____	
Division applied for: <input type="checkbox"/> Towing <input type="checkbox"/> Propane	Location Desired: _____	Position Desired: _____	Monthly starting salary desired: _____

SKILLS

Indicate equipment and machines you operate or skills you possess, applicable to the position for which you are applying: _____

EDUCATION CIRCLE HIGHEST GRADE COMPLETED: HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4
List education, licenses/certificates, and degrees related to the position sought:

STATEMENT OF HEALTH

Do you have any physical condition which may limit your ability to perform the job applied for? Yes No
If yes, explain: _____

PERSONAL

Have you ever been convicted of a crime? (Include court-martial convictions, but exclude minor traffic violations.) Yes ___ No ___
If so, explain: _____

Have you ever been refused a bond? Yes ___ No ___ If yes, give names _____

List professional organizations, special interests, or hobbies related to the position sought. Omit any that might indicate sex, race, religion, color, national origin or ancestry _____

INDUSTRY / PROFESSIONAL REFERENCES

Name _____	Phone No. _____	No. & Street _____
	Occupation _____	City, State, Zip _____
Name _____	Phone No. _____	No. & Street _____
	Occupation _____	City, State, Zip _____
Name _____	Phone No. _____	No. & Street _____
	Occupation _____	City, State, Zip _____
Name _____	Phone No. _____	No. & Street _____
	Occupation _____	City, State, Zip _____

DATE

DIVISION

LOCATION

POSITION

LAST NAME

TOWING
 PROPANE

SECTION FOR APPLICANTS WHO WILL DRIVE ANY COMPANY VEHICLE

Do you have a valid driver's license? Yes ___ No ___ Number _____ State _____

Do you know the traffic laws of this city and state? Yes ___ No ___

Drivers in this Company are held solely responsible for all laws they disobey. Do you accept this rule? _____

Do you have any physical defects that would interfere with the safe driving of a motor vehicle? _____

If yes, give particulars: _____

Have you good eyesight in both eyes? _____ Do you wear glasses / contacts while driving? _____

Can you correctly distinguish differences in color? _____ Do you have good hearing? _____

How many moving traffic violations have you been convicted of or paid fines in connection with in the past 3 years?

_____ Type _____ # _____ Type _____ # _____ Type _____

_____ Type _____ # _____ Type _____ # _____ Type _____

How many accidents (BOTH CAR AND TRUCK) have you been involved in resulting in damage to equipment driven by you or to property of others: _____

Give dates and details of ALL accidents. (Use additional page if necessary) _____

ADDITIONAL SECTION FOR APPLICANTS WHO WILL DRIVE TRUCKS

Have you read the DOT Safety Regulation within the past 6 months? _____ If not, when? _____

Do you understand them? _____ Do you agree to abide by them? _____

Date of DOT medical examination _____ Did you qualify? _____

Taken in (City, State): _____ Doctor giving examination: _____

Give the type of operator's license, license number, expiration date, and states in which you now hold or have ever held such documents: _____

I have driven a motor vehicle since: _____

I have driven, since my last accident, approximately _____ accident free miles

My driving experience is:

TYPE OF VEHICLE	APPROXIMATE MILES	YEARS OF EXPERIENCE	LOCAL OR LINE	WHAT SEASONS
Passenger car: _____	_____	_____	_____	_____
Buses: _____	_____	_____	_____	_____
Taxi Cabs: _____	_____	_____	_____	_____
Straight Truck: _____	_____	_____	_____	_____
Semi-Trailers: _____	_____	_____	_____	_____
Double-Bottoms: _____	_____	_____	_____	_____

RESIDENCE HISTORY FOR PREVIOUS 3 YEARS:

From Month-Yr. to Month-Yr. address city state

From Month-Yr. to Month-Yr. address city state

From Month-Yr. to Month-Yr. address city state

Please complete the following, concerning SAFE DRIVING AWARDS, ETC.

DATE	KIND OF AWARD	PRESENTED BY	WHILE EMPLOYED AT	IN RECOGNITION OF

EMPLOYMENT RECORD Include military experience if job related. List employment for the past 10 years, beginning with last or present job.

Company Name						Specific Duties	
Street Address							
City & State				(Telephone)			
Job Title							
Supervisor						Reason for Leaving	
Dates Employed		From Mth.-Yr.	To Mth.-Yr.	Salary	Starting	Ending	
Company Name						Specific Duties	
Street Address							
City & State				(Telephone)			
Job Title							
Supervisor						Reason for Leaving	
Dates Employed		From Mth.-Yr.	To Mth.-Yr.	Salary	Starting	Ending	
Company Name						Specific Duties	
Street Address							
City & State				(Telephone)			
Job Title							
Supervisor						Reason for Leaving	
Dates Employed		From Mth.-Yr.	To Mth.-Yr.	Salary	Starting	Ending	

Other name(s) under which employment may be verified: _____

If you are a driver applicant, have you provided information of all previous employment as a driver of a commercial vehicle for the past 10 years? Yes ___ No ___

If no, explain: _____

As an employee have you ever been discharged or asked to resign? Yes ___ No ___ If yes, explain: _____

Do you have any outside business interests that could conflict with employment with our company? If so, explain: _____

ADDITIONAL COMMENTS: Please add any comments you would like considered in evaluating your application: _____

PLEASE READ BEFORE SIGNING. If you have any questions regarding the following statements, please ask them of an employment interviewer before signing. In consideration of my employment, I agree to conform to the rules, regulations and business policies of Barnett's and agree that my employment and compensation can be terminated with or without notice at any time at the option of either Barnett's or me.

I authorize my previous employers, schools or persons named as references to give any information regarding my employment or educational record and acknowledge that information supplied by previous employers may be used and the employers contacted. I agree that Barnett's and my previous employers shall not be held liable in any respect if an employment offer is not tendered, is withdrawn or my employment is terminated because of misrepresented statements, answers or omissions made by me in this application. If I am employed, I understand that additional personal data will be required for statistical purposes and for determination of benefit eligibility. I also understand that if I accept employment as a non-exempt employee I agree to work overtime when requested to do so and that overtime may be compensated either by monies or by compensatory time.

I certify that all information provided on this application is true and complete to the best of my knowledge and belief.

I hereby acknowledge that I have read and understand the above statements.

Signature _____ Date _____

IMPORTANT – APPLICANT – DO NOT USE THIS PAGE

TO BE COMPLETED AFTER APPLICANT HIRE

Date of Hire _____ Salary _____	MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Head of Household <input type="checkbox"/> Divorced	NAME _____ <div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto; text-align: center; line-height: 100px;"> PHOTO </div>
PHYSICAL Date of Birth _____ Age _____ Birth-Month _____ Day _____ Year _____ Height _____ ft. _____ in. Weight _____ lbs. Hearing: Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Wear Aid <input type="checkbox"/> Glasses worn? Yes <input type="checkbox"/> No <input type="checkbox"/> Left Handed <input type="checkbox"/> Right Handed <input type="checkbox"/>		SIGNATURE _____
Subjects of Special Study or Research _____ What foreign languages do you speak fluently? Read _____ Write _____		

ETHNIC GROUP (Information required for compliance with equal employment opportunity laws.) Select one of the following: <input type="checkbox"/> White, Not of Hispanic Origin <input type="checkbox"/> Black, Not of Hispanic Origin <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic (Includes Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin.) <input type="checkbox"/> Asian or Pacific Islander (Includes the Far East, Southeast Asia, Indian Subcontinent or the Pacific Islands -example- China, Japan, Korea, Philippine Islands and Samoa.)	VETERANS <input type="checkbox"/> 1) Non-disabled Veteran of Vietnam Era – Served active duty for more than 180 days, any part of which occurred after Aug. 4, 1964, and was discharged or released with honorable discharge within 48 months preceding application for employment. <input type="checkbox"/> 2) Disabled Veteran of Vietnam Era – Discharged or released from active duty for a service connected disability if any part of such active duty was performed after Aug. 4, 1964, and within 48 months preceding application for employment. <input type="checkbox"/> 3) Disabled Veteran (NOT of Vietnam Era) – Entitled to disability compensation rated at 30 per centum or more under Veterans Administration laws, or whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
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Do you have any physical conditions requiring special attention or consideration? Yes No
 Explain: _____

Are you taking medications? Yes No Explain: _____

Do you have adverse reactions to any medications? Yes No Explain: _____

Family Physician: Name _____ Address _____ Phone _____

FAMILY DATA (Give name(s) of spouse and / or children)

Name	Relationship	Address
		No. & Street City, State, Zip
		No. & Street City, State, Zip
		No. & Street City, State, Zip

DEPENDENTS	Wife <input type="checkbox"/> Husband <input type="checkbox"/>	Number of Children _____	Ages of Children _____	Parents _____	Other _____
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IMPORTANT (Give names and addresses of persons to notify in case of emergency.)

Name _____	Phone No. Home: _____ Work: _____	No. & Street _____ City, State, Zip _____
Name _____	Phone No. Home: _____ Work: _____	No. & Street _____ City, State, Zip _____

Interviewer Comments: _____

Interviewed By: Name _____ Title _____ Date _____
 Hired By: Name _____ Title _____ Date _____