



EMPLOYMENT APPLICATION



Graft Oil Company
2561 Memorial Blvd., P.O. Box 899
Connellsville, PA 15425
724-628-9580

Please print clearly in ink. Graft Oil Company considers all applicants for employment without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, gender identity and expression, marital or military status, or based on any individual's status in any group or class protected by applicable federal, state, or local law. Graft Oil Company provides reasonable accommodations to qualified individuals with disabilities in accordance with the Americans with Disabilities Act and applicable state and local law. If you require accommodation in the application process, please advise Management.

PERSONAL DATA

FULL NAME: _____
Last First Middle Preferred Name (Optional)

CURRENT ADDRESS: _____
Street City State Zip Code

PREVIOUS ADDRESS: _____
Street City State Zip Code

CURRENT CONTACT: _____
Phone Email Address

Have you ever worked for Graft Oil, Honey Bear, or Speed-D?

☐ Yes ☐ No If yes, provide dates and locations: _____

How were you introduced to us? ☐ Employee Referral ☐ Newspaper Ad ☐ Walk In ☐ Internet ☐ College/University
☐ Dept. of Employment ☐ Community Organization ☐ Other: _____

Are you at least 18 years of age? ☐ Yes ☐ No

If hired, can you provide proof of identity, authorization to work in the United States, and a valid Social Security Card?

☐ Yes ☐ No

With regard to the position for which you are applying, are you able to perform the essential job duties with or without a reasonable accommodation? ☐ Yes ☐ No If no, please describe: _____

Have you ever been convicted of a felony or misdemeanor offense which has not been annulled, expunged, or sealed by the court, or pardoned? ☐ Yes ☐ No

If yes, describe in full: _____

The existence of a criminal history will not automatically disqualify you from the job to which you are applying.

DESIRED EMPLOYMENT

Position you are applying for: _____ Date available to start work*: _____

Total hours available per week*: _____

☐ Part-time ☐ Full-time

	S	M	T	W	Th	F	S
AM							
PM							

* Should your availability change during the course of your employment, it may impact your employment status based on business needs. While we may be able to accommodate your availability limitations upon hire, we do not guarantee that we will be able to support these limitations in the future, if it changes. Should our business needs change, we may ask for an adjustment in your availability.

EXPERIENCE

Please give accurate and complete information. Start with present or most recent employer, including self-employment, part-time work, military employment, and any work performed on a volunteer basis. Account for your entire employment history, including significant gaps in employment. All information must be included, even if you are attaching a resume.

Employer		Work Performed	
Address (Street, City, State)			
Telephone Number(s) ()			
Job Title	Supervisor		
Reason for Leaving			
Dates Employed From:	To:	Hourly Rate / Salary Starting:	Final:
Employer		Work Performed	
Address (Street, City, State)			
Telephone Number(s) ()			
Job Title	Supervisor		
Reason for Leaving			
Dates Employed From:	To:	Hourly Rate / Salary Starting:	Final:
Employer		Work Performed	
Address (Street, City, State)			
Telephone Number(s) ()			
Job Title	Supervisor		
Reason for Leaving			
Dates Employed From:	To:	Hourly Rate / Salary Starting:	Final:
Employer		Work Performed	
Address (Street, City, State)			
Telephone Number(s) ()			
Job Title	Supervisor		
Reason for Leaving			
Dates Employed From:	To:	Hourly Rate / Salary Starting:	Final:

Please attach an additional sheet if necessary

SECURITY

Have you ever taken any merchandise, money, or property from an employer without permission? ☐ Yes ☐ No

If yes, provide details: _____

EDUCATION

Circle highest grade completed: Elementary /Middle 6 7 8 High School 9 10 11 12 College 1 2 3 4 5 Grad School?

List all, whether or not degree was obtained:

	Name of School	Location (City, State)	Field of Study	Degree
HIGH SCHOOL				Diploma or GED
COLLEGE				
COLLEGE				

SKILLS AND QUALIFICATIONS

Please check all that apply:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Microsoft® Excel | <input type="checkbox"/> Cash Office | <input type="checkbox"/> Fork-Lift Operator |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Microsoft® Outlook | <input type="checkbox"/> Cashier | <input type="checkbox"/> General Warehouse |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Microsoft® PowerPoint | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Inventory Clerk |
| <input type="checkbox"/> Financial Reports | <input type="checkbox"/> Microsoft® Word | <input type="checkbox"/> Merchandiser | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> General Clerical | | <input type="checkbox"/> Sales Associate | <input type="checkbox"/> Packer |
| <input type="checkbox"/> Payroll | | <input type="checkbox"/> Stock Room | |
| <input type="checkbox"/> Statistical Typing | | | |
| <input type="checkbox"/> Switchboard | | | |
| <input type="checkbox"/> Typing (speed _____) | | | |

List any other special training, experience, skills, or qualifications relevant to the position for which you are applying:

PROFESSIONAL REFERENCES

Please provide name, work relationship, email address (if available) and telephone number of three Supervisors/Managers or other professional references that are not related to you:

	Name	Work Relationship	Email Address	Phone Number
1				
2				
3				

May we contact each of your references? ☐ Yes ☐ No If not, who and why? _____

SIGNATURE

READ CAREFULLY BEFORE SIGNING AS THESE ITEMS REPRESENT SIGNIFICANT MATTERS IN CONNECTION WITH YOUR APPLICATION

I certify that the statements and information furnished by me in this application are true and correct. I understand that omitted, false or misstated statements on this application are grounds for refusal to hire, or dismissal, at any time the Company becomes aware of the omitted, falsified, or misstated information.

I understand that Graft Oil Company is not obligated to provide me with employment and that I am not obligated to accept employment. I understand that nothing contained in this application, or conveyed during any interview that may be granted, or during my employment, if hired, is intended to create a contract for continued employment with Graft Oil Company, except as required by applicable federal, state, and local law. In addition, if an employment relationship is established I acknowledge that my employment and compensation can be terminated, with or without cause, and with or without notice at any time, at the option of either the Company or myself, and that this cannot be altered except by an express written agreement signed by myself and a designated officer of the Company. I further understand and agree that no manager or other representative of the Company has the authority to make any verbal promises or commitments to me with respect to any term, condition, or privilege of my employment including compensation. I further understand that no policy, benefit, or procedure contained in any employee handbook creates a contract for continued employment. I understand and agree that, if hired, I will be required to abide by all rules and regulations of Graft Oil Company and that my wages, benefits and conditions of employment can be changed by the Company at any time in its sole discretion.

While I understand that this application will be kept on file for a period of up to one year, I further understand that this application will be considered active for a period not to exceed ninety (90) days. I understand that if I wish to be considered for employment beyond this period, I should inquire as to whether or not applications are being accepted for the position for which I am interested and, if so, submit a new application.

MY SIGNATURE CERTIFIES THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS

DATE OF APPLICATION:

SIGNATURE OF APPLICANT:

MANAGEMENT ONLY

Reviewed by: _____
Signature

Name Date Time

Interview scheduled for: _____
Date Time