



ALLIED OIL LLC
25 Old Camplain Road
Hillsborough, NJ 08844
908-575-7577

EMPLOYMENT APPLICATION

It is the policy of ALLIED OIL LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

DATE ____/____/____

1. Applicant Information

Applicant Name: _____

Address: _____

City/State/ZIP: _____

Number of years at this address: _____

Date of Birth ____/____/____

Social Security Number: ____-____-____

Daytime phone: (____)____ Cell phone: (____)____

Evening phone: (____)____

Driver's License State : _____ Number: _____

CDL- Class A ____ / B ____

TWIC Card Yes ____ / No ____

Medical Card Yes ____ / No ____

Endorsements: Tanker Yes ____ / No ____

HazMat Yes ____ / No ____

2. Job Position Applied For: _____

3. Who referred you to our company? _____

4. Have you applied to our company previously? ____ Yes ____ No

If yes, when? _____

5. Are you at least 21 years old? Yes ____ / No ____

6. Are you willing to work any shift, including nights and weekends? Yes ____ / No ____

If no, please state any limitations: _____

7. If applicable, are you available to work overtime? Yes ____ / No ____

8. If you are offered employment, when would you be available to begin work?

9. Are you legally eligible for employment in the United States? Yes_____ / No_____

10. Applicant Employment History

Listing your current or most recent employment first, detail employment for the past 7 years.

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Period of Employment (Month/Year): From:_____ To:_____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Period of Employment (Month/Year): From:_____ To:_____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
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Employer Name: _____
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Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Period of Employment (Month/Year): From:_____ To:_____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Period of Employment (Month/Year): From: _____ To: _____

11. Applicant's Education and Training

College/University

Name _____
Address _____
Did you receive a degree? Yes _____ / No _____ If yes, degree received: _____

High School/GED

Name _____
Address _____
Did you receive a degree? Yes _____ / No _____ If yes, degree received: _____

Other Training (graduate, technical, vocational):

Awards, Honors, Special Achievements:

Military Service: Yes _____ / No _____
Branch: _____
Specialized Training: _____

12. References

List any two people who would be willing to provide a reference for you.

Name: _____
Address: _____
City, ST Zip _____
Phone _____
Relationship _____

Name: _____
Address: _____
City, ST Zip _____
Phone _____
Relationship _____

13. Please supply any other information that you believe should be considered:

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences immediate termination.

I authorize ALLIED OIL LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Owner, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of ALLIED OIL LLC, except in a specific written contract of employment signed on behalf of the organization by its President, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE