

PHILLY FUELS INC.

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DATE: ____/____/____ CAN YOU PROVE U.S. CITIZENSHIP: _____

NAME: _____ (LAST) _____ (FIRST) _____ (MIDDLE)

ADDRESS: _____ (STREET) _____ (CITY) _____ (STATE) _____ (ZIP)

PHONE #:(____) _____ - _____ REFERRED BY: _____

DOB: ____/____/____ RELATIONSHIP: _____

SCHOOL LEVEL	NAME & LOCATION OF SCHOOLS	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE				
OTHER				

ADDITIONAL DEGREES, CERTIFICATIONS, OR ENDORSEMENTS: _____

REFERENCES: GIVE THE NAMES OF THREE PERSON NOT RELATED TO YOU WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR

NAME	ADDRESS	PHONE	ASSOCIATION	YEARS KNOWN

PHYSICAL RECORD: DO YOU HAVE ANY IMPAIRMENT THAT WOULD INTEREFERE WITH YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU HAVE APPLIED?

CRIMINAL RECORD: HAVE YOU EVER BEEN CONVICTED OR ARRESTED FOR A CRIME? IF SO, PLEASE EXPLAIN.

EMPLOYEMENT DESIRED:

POSITION: _____

SALARY DESIRED: _____

DATE YOU ARE ABLE TO START? ____/____/____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE CONTACT THEM? _____

FORMER EMPLOYMENT: LIST YOUR LAST FOUR EMPLOYERS, STARTING WITH THE MOST RECENT.

DATE (MONTH/YEAR)	EMPLOYER NAME AND ADDRESS	SUPERVISOR PHONE	SALARY	POSITION	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					

AVAILABILITY: MARK WHEN YOU ARE NOT AVAILABLE TO WORK?

DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
TIME							

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT THE MISREPRESENTATION OF OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE: ____/____/____

SIGNATURE: _____

FOR OFFICE USE:

DATE OF INTERVIEW: ____/____/____

TIME: _____

TIME ARRIVED: _____

NOTES:
