



APPLICATION FOR EMPLOYMENT WESTERN CHOICE COOPERATIVE

This application for employment is provided by Farmers Union Oil Company dba Western Choice Cooperative. This form complies with federal and state laws against discrimination. Farmers Union Oil Company is not responsible for the misuse of information provided on this form.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip)
E-Mail Address			Other Telephone () -
Are you legally entitled to work in the U.S.?			Yes No

POSITION

Position or Type Of Employment Desired	<u>Will Accept:</u>	<u>Shift:</u>
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? Yes No	Part-Time	Day
	Full-Time	Evening
Do you have adequate transportation to be able to make it to work your schedule shift on time on a regular basis? Yes No	Temporary	Rotating
Salary Desired	Date Available	

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? Yes No
If no, list the highest grade completed

College, Business School, Military (Most recent first)

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarter or Semester Hours	Other (Specify)			
	From			Yes		
	To			No		
	From			Yes		
	To			No		
	From			Yes		
	To			No		
	From			Yes		
	To			No		
Occupational License, Certificate or Registration	Number	Where Issued		Expiration Date		
Occupational License, Certificate or Registration	Number	Where Issued		Expiration Date		
Languages Read, Written or Spoken Fluently Other Than English						

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

WORK EXPERIENCE (Most recent first. Include voluntary work and military experience.)

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties:		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? Yes No
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? Yes No
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? Yes No
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? Yes No

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant: _____ Date: _____

Interviewer's Comments:
