



KY Oil & Refining Company

156 KY Oil Village
Betsy Layne, KY 41605
Phone (606) 478-9501
Fax (606) 478-9504

<http://www.teamkore.com>

APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION: _____ TELEPHONE NUMBER: _____

NAME: _____ SS#: _____
 LAST FIRST MIDDLE

ADDRESS: _____
 STREET CITY STATE ZIP

POSITION(S) APPLIED FOR:

____ Office/Administration

____ Store Manager

____ Assistant Manager

____ Cashier

____ Other _____

RATE OF PAY EXPECTED? _____

OVERTIME AVAILABILITY ____ Yes ____ No

APPLYING FOR: ____ Full-time ____ 1st Shift
 ____ Part-time ____ 2nd shift
 ____ 3rd shift

HAVE YOU EVER APPLIED FOR A POSITION WITH US? ____ Yes ____ No WHEN? _____

HAVE YOU EVER BEEN EMPLOYED BY US? ____ Yes ____ No WHEN? _____

DO YOU HAVE A RELATIVE WORKING FOR US? ____ Yes ____ No

NAME & RELATIONSHIP _____ ARE YOU OVER 18 YEARS OF AGE? __ Yes __ No

IF EMPLOYMENT IS OFFERED, CAN YOU PRODUCE PERSONAL IDENTIFICATION OR VERIFICATION OF YOU LEGAL RIGHT TO WORK IN THE UNITED STATES? __ Yes __ No

HAVE YOU EVER SERVED IN THE MILITARY? __ Yes __ No DISCHARGE DATE _____

TYPE OF DISCHARGE: _____ BRANCH OF SERVICE _____

RANK _____

PRESENT MEMBERSHIP IN NAT. GUARD OR RESERVES? _____

DATE OBLIGATION ENDS _____

Have you ever been convicted of a felony? _____

If yes, please explain fully on separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

EMPLOYMENT HISTORY (MOST RECENT EMPLOYMENT FIRST)

EMPLOYER	ADDRESS	PHONE#	SUPERVISOR
<hr/>			
DATES (FROM & TO)	EARNINGS (START & FINAL)	REASON FOR LEAVING	
<hr/>			
JOB TITLE/DUTIES			

EMPLOYER	ADDRESS	PHONE#	SUPERVISOR
<hr/>			
DATES (FROM & TO)	EARNINGS (START & FINAL)	REASON FOR LEAVING	
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JOB TITLE/DUTIES			

EMPLOYER	ADDRESS	PHONE#	SUPERVISOR
<hr/>			
DATES (FROM & TO)	EARNINGS (START & FINAL)	REASON FOR LEAVING	
<hr/>			
JOB TITLE/DUTIES			

HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM ANY EMPLOYMENT? ___Yes___ ___No___ PLEASE EXPLAIN _____

DRIVER'S LICENSE NO _____ STATE _____ EXP DATE _____

AUTOMOBILE LICENSE NO _____ MAKE/MODEL/YEAR _____

EDUCATIONAL DATA

<u>SCHOOL</u>	<u>NAME LOCATION</u>	<u>COURSE OF STUDY</u>	<u>NO. OF YEARS/HOURS COMPLETED</u>	<u>DID YOU GRADUATE?</u>
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COLLEGE:

HIGH SCHOOL:

VOCATIONAL:

OTHER:

IN ORDER TO PERMIT A CHECK OF YOUR WORK AND EDUCATION RECORDS, SHOULD WE BE MADE AWARE OF ANY CHANGE OF NAME THAT YOU PREVIOUSLY USED? _____

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- * Review information provided by previous employers;
- * Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- * Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

SIGNATURE OF APPLICANT

DATE

CONTACT PERSON IN CASE OF AN EMERGENCY OR ACCIDENT

NAME

ADDRESS

HOME PHONE#

BUSINESS PHONE#
