

APPLICATION FOR EMPLOYMENT

(Equal Employment Opportunity Company)

Lanman Oil Company, Inc.
P.O. Box 108, Charleston, IL 61920

GENERAL

Name _____

Address _____

Telephone (____) _____ Social Security No. _____

Date Available for Employment _____

Have you ever been employed by this company? Yes No

Are you employed now? Yes No

May we contact your present employer? Yes No

If yes, give name: _____

Are you prevented from lawfully becoming employed
in this country because of Visa or Immigration status? Yes No

Type of work desired: _____

Do you have a valid driver's license in this state? Yes No

License No. _____

Can you perform the essential functions of the job(s)
for which you are applying? Yes No

Are you available to work Full-Time Part-Time Over-Time

Have you been convicted of a felony? Yes No
(Please note that "Yes" answer will not bar you from consideration for employment.)

If Yes, please explain: _____

This company is an equal opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws. This company will strive to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of the job.

EDUCATION

ELEMENTARY	HIGH	COLLEGE	GRADUATE
Name _____			
Years Completed: 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4			
Course of Study _____			

SPECIAL SKILLS, QUALIFICATIONS, AND CONSIDERATIONS:

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking:

REFERENCES:

List three (3) non-relatives who are familiar with your qualifications and work history ability.

<u>Name</u>	<u>Title/Relationship</u>	<u>Years Known</u>	<u>Telephone</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

EMPLOYMENT EXPERIENCE:

Start with your present or last job. List your last four (4) jobs in order. Do not omit any job.

Employer _____	Supervisor's Name _____
Address _____	Your Position _____
Telephone Number _____	Month/year started; month/year ended _____
Your Salary: Starting/Ending _____	Duties _____

What did you like most about your job?

What did you like least about your job?

EMPLOYMENT EXPERIENCE: (Continued)

Employer

Supervisor's Name

Address

Your Position

Telephone Number

Month/year started; month/year ended

Your Salary: Starting/Ending

Duties

What did you like most about your job?

What did you like least about your job?

Employer

Supervisor's Name

Address

Your Position

Telephone Number

Month/year started; month/year ended

Your Salary: Starting/Ending

Duties

What did you like most about your job?

What did you like least about your job?

Employer

Supervisor's Name

Address

Your Position

Telephone Number

Month/year started; month/year ended

Your Salary: Starting/Ending

Duties

What did you like most about your job?

What did you like least about your job?