



Divisions of Eau Claire Co-op Oil Company

Application for Employment

Eau Claire Cooperative Oil Company is an equal opportunity employer dedicated to a policy of nondiscrimination in employment based upon an individual's race, color, creed, religion, age, sex, national origin, ancestry, marital status, sexual orientation or the presence of any non-job-related medical condition or disability. In reading and answering the following questions, please keep in mind that none of the questions are intended to imply any limitations, illegal preferences, or discrimination based upon any non-job-related information. This application will be given consideration, but its receipt does not imply that the applicant will be interviewed or employed. Please contact the Human Resources if you need an accommodation to participate in the application process at (715) 876-6481

Position(s) Applied For: _____

Date Available to Start Work: _____

Personal Data

Name: _____

Address: _____
Street Address City State Zip Code

Daytime Phone: () _____ Evening Phone: () _____ E-Mail Address: _____

General Information

- 1 Have you ever applied for a job with this company in the past? If yes, please give the date of application and position for which you applied. State your name at that time, if different from your present name. ___ Yes ___ No
- 2 Have you ever been employed by this company in the past? If yes, please give dates of employment, position held and state your name while employed if different from your present name. ___ Yes ___ No
- 3 If hired, will you be able to work during the normal days and hours required for the position(s) for which you are applying? If no, please explain ___ Yes ___ No
- 4 Do you have any commitments to another employer that might affect your employment with our company? If yes, please explain ___ Yes ___ No
- 5 If hired, can you furnish proof that you are 18 years of age, or if under 18, do you have a permit to work? If no, please explain. ___ Yes ___ No
- 6 If hired, can you furnish proof that you are eligible to work in the United States? If no, please explain: ___ Yes ___ No

7 Do you now, or will you in the future, require Eau Claire Cooperative Oil Company to sponsor an employment visa for your continued employment? Yes No

Do Not Answer Questions 8 or 9 IF a job description is not attached!

8 Are you able to perform the tasks listed on the attached job information with or without accommodation? Yes No

9 If necessary, what accommodation could we make that would allow you to perform the essential functions of the job. Yes No

10 If required, will you report to work "clean shaven" as required by the company's Respiratory Protection Polciy? Yes No

11 If you wear contact lenses, you may be required to wear perscription safety glasses in place of contact lenses. Are you willing to abide by this safety requirement? Yes No

Educational Data

Schools Attended	Name of School & Location	Did you Graduate? YES NO	Degree/Diploma /Certificate	Major Course of Study
High School	Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12			
Technical, Vocational, Business or Military Training				
College or University				
Graduate School				
Professional Seminars				

Additional JOB-RELATED seminars, short courses, workshops or other educational experiences:

JOB RELATED certificates, licenses, equipment qualified to operate, computer hardware and software operated and other Job-Related special skills and abilities:

Do you have experience operating a forklift? **YES NO**

Do you have experience operating a skidsteer loader? **YES NO**

Employment History

Present & Former Employers

List Present or Most Recent First

Company Name	Dates of Employment	From	To
Address	Supervisor (and phone number, if known)		
City, State, Zip	Your name when employed, if different from present		
Job Title & Duties	Reason for Leaving		
Final Salary: \$ _____ Per _____	May we contact? YES NO		

Company Name	Dates of Employment	From	To
Address	Supervisor (and phone number, if known)		
City, State, Zip	Your name when employed, if different from present		
Job Title & Duties	Reason for Leaving		
Final Salary: \$ _____ Per _____	May we contact? YES NO		

Company Name	Dates of Employment	From	To
Address	Supervisor (and phone number, if known)		
City, State, Zip	Your name when employed, if different from present		
Job Title & Duties	Reason for Leaving		
Final Salary: \$ _____ Per _____	May we contact? YES NO		

Please account for any time you were not employed after leaving school in the past ten years (you need not list any unemployment periods of less than one month)

Time Period(s)

Reason(s) for Unemployment

If you were unable to list all past jobs or periods of unemployment on this form, please use an additional sheet

References: List three Business-Related Individuals Who Are Not Former Employers

Name	Address	City, State, ZIP	Phone No.	Occupation

Other Job-Related Experience. Some people gain job-related experience in positions other than as an employee. For instance, an accountant may gain experience as a treasurer of a civic or school organization, or a manager may gain experience while working on civic projects or in school organizations or in PTA activities. Please list and describe any paid or unpaid activities, honors, experiences or training that might aid you in performing the job (s) for which you have applied and have not been listed previously in this application. (you may omit any activities, honors, memberships or other items that tend to identify your race, sex, national origin, age disability or other personal traits that you prefer not to disclose)

Important

Please Read Carefully and Initial Each Paragraph Before Signing.

Initials

- _____ By my signature and initials, I confirm that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omission may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify the company if I should be convicted of a felony or any crime involving dishonesty or a breach of trust while my job application is pending or during my period of employment, if hired.

- _____ I authorize any person, school, current employer (except as previously noted), past employer's) and organizations named in this application form (and accompanying resume, if any) to provide the company with relevant information an opinion that may be useful to the company in making a hiring decision and I releases such persons and organizations from any legal liability in making such statements

- _____ If offered a job that requires it, I give permission for a drug test and a job-related complete physical examination and I consent to the release to the company of any medical information, as may be deemed necessary by the company in judging my capability to perform the essential functions of the work for which I am applying (with or without reasonable accommodations).

- _____ If offered a job that requires it, I give permission for a job related complete physical examination, and I consent to the release to the company of any medical information, as may be deemed necessary by the company in judging my capability to perform the essential functions of the work for which I am applying (with or without reasonable accommodation)

- _____ I understand that if my employment is terminated by the company for dishonesty, breach of trust or any criminal acts, the authorities may be notified and I may be criminally prosecuted. I also understand that if hired, I may not hold other employment nor engage in sales, investments or other activities that create a conflict of interest with the company.

- _____ I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time or may , regardless of the date of payment of my wages or salary, be terminated at any time.

Signature: _____ Date: _____