

**CAMBECK PETROLEUM CORP.**  
**APPLICATION FOR EMPLOYMENT**

POSITION APPLYING FOR
DATE
# OF HRS DESIRED

HOURS AVAILABLE						
MON	TUES	WED	THURS	FRI	SAT	SUN
FROM						
TO						

If offered employment, how soon could you start? \_\_\_\_\_

NAME - LAST	FIRST	MIDDLE	SS#	
PRESENT ADDRESS	CITY	STATE/ZIP	HO <sup>1</sup>	HOW LONG AT THIS ADDRESS
OTHER NAMES USED (For purposes of conducting reference and background checks)				YEARS THIS NAME USED
TELEPHONE #	ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S. ?			AGE IF UNDER 18
OTHER TELEPHONE CONTACT #	YES	NO		

**EDUCATION**

Circle last grade completed		1 2 3 4 5 6 7 8 9 10 11 12	College	1 2 3 4 5	_____
GED	YES	NO			Degree received or subjects studied
High School	Name		City/State	Did you graduate?	
College					
Technical Schools, etc.					
Other					
Describe any other specialized training/skills: _____					
List any extracurricular activities: _____					
List any honors received: _____					
Presently in School: YES		NO	If yes, where?		
Plans to attend school in next 12 months		YES	NO	If yes, where?	

Please list all convictions including misdemeanor, list offense, date, and location (If none, write none) _____					
List all pending charges ( If none, write none) _____					
A criminal record or pending charges does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.					

<b>DO NOT COMPLETE THIS BLOCK UNTIL REQUESTED TO DO SO BY YOUR INTERVIEWER!!</b>					
For purposes of including Criminal Record checks please provide your date of birth      /      /					
Cambeck Petroleum Corp. does not discriminate against job applicants because of their age, DOB is required by most agencies that provide criminal records checks.					
Please fill in the requested information for all of the places you have lived or worked in the past 10 years.					
Date	From	To	City	County	State

EMPLOYMENT HISTORY CONTINUED

Company name		Position (start)	
Company address		Position (end)	
City/State		Start Month/Year	
Telephone #		End Month/Year	
Supervisor's name			
Supervisor's position		Pay Rate Start	
List Job Duties		Pay Rate End	
Reason for Leaving			

List all disciplines, reprimands, or write-ups at this job:

List anything negative this company might say about you when called for a reference:

If you quit, how many days notice did you give? \_\_\_\_\_

How many days total did you miss from this job? \_\_\_\_\_ Total days late? \_\_\_\_\_

Company name		Position (start)	
Company address		Position (end)	
City/State		Start Month/Year	
Telephone #		End Month/Year	
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Supervisor's position		Pay Rate Start	
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