



Since 1933

McKinney Petroleum Equipment, Inc.

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APPLICATION FOR EMPLOYMENT

EMPLOYEE INFORMATION

Name _____
(First) (Middle) (Last)

Address _____
(Street) (City) (State/Zip) (How Long)

Telephone #: (____) _____ Cellular/Other Phone #: (____) _____

Email Address: _____

Position(s) applied for: _____ Date of Application: ____/____/____

Are you able to perform the essential functions of the position described in the attached job description with or without reasonable accommodations? Yes No

Are you 18 years or older? Yes No

I am seeking a permanent position Yes No
Full Time Part Time

If necessary, best time to call you is:
_____ : _____ am/pm

May we contact you at work? Yes No

If yes, work number and best time to call:
_____ : _____ am/pm

Date available for work: ____/____/____

What is your desired salary range or hourly rate of pay?
\$ _____ Per _____

Will you travel if job requires it? Yes No

Will you work overtime if required? Yes No

If no, please explain: _____

Driver's license number required if driving may be required in the job for which you are applying:

_____ State: _____

Have you ever been bonded? Yes No

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company? Yes No

If yes, please explain: _____

EMPLOYMENT HISTORY

List below four (4) employers starting with most recent first. May we contact present or previous employers? Yes No

Employer name and address	Position/Title/Duties, Skills:	Start Date	End date
		Reason for leaving:	
Pay \$ _____ Per Hour / Week / Month	Supervisor: _____ Telephone: _____		
Employer name and address	Position/Title/Duties, Skills:	Start Date	End date
		Reason for leaving:	
Pay \$ _____ Per Hour / Week / Month	Supervisor: _____ Telephone: _____		
Employer name and address	Position/Title/Duties, Skills:	Start Date	End date
		Reason for leaving:	
Pay \$ _____ Per Hour / Week / Month	Supervisor: _____ Telephone: _____		
Employer name and address	Position/Title/Duties, Skills:	Start Date	End date
		Reason for leaving:	
Pay \$ _____ Per Hour / Week / Month	Supervisor: _____ Telephone: _____		

EDUCATION

	Institution Name	Years Completed	Field of Study	Graduate or Degree
High School				
College/University				
Business/Technical				
Additional				

MILITARY

Are you a veteran? Yes No
Branch/Rank: _____

Present member in National Guard or Reserves? Yes No

SKILLS & QUALIFICATIONS

Other Qualification such as special skills, abilities or honors that should be considered:

Types of computers, software and other equipment you are qualified to operate or repair:

Professional licenses, certifications or registrations:

Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention:

Typing speed: _____ per minute

COMPUTER SKILLS

(Please circle all that apply):

- | | |
|-----------------|----------------------|
| Word Processing | Spreadsheets |
| Excel | Databases |
| Multi Media | Cloud Computing |
| Internet | Information Security |
| Email | Power Point |

REFERENCES

List two (2) references who are not relatives or former supervisors:

Name	Address	Telephone	Occupation	Years Known
_____	_____	_____	_____	_____
Name	Address	Telephone	Occupation	Years Known

CONTACT

In case of accident or illness, please contact: Name: _____ Daytime Phone: _____
Address: _____ Relationship: _____

INFORMATION TO THE APPLICANT

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and without notice, at any time by the company. I understand that no company representative, other than it's President, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references. If necessary for employment, you may be required to supply: Your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms.

I understand and agree to the information shown above.

Signature

Date

Equal Employment Opportunity:

While many employers are required by federal law to have an Affirmation Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no effect on your application for employment.

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____

Date _____

Remarks:

Neatness _____

Ability _____

Hired Yes No

Position _____

Department _____

Salary/Wage _____

Date Reporting to Work _____

Approved By: _____

Employment Manager

Dept. Head

General Manager