

# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions, without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

**(PLEASE PRINT NEATLY)**

Position(s) Applied For		Date of Application	
How did you learn about us?			
Advertisement	Friend	Walk-In	Relative
Employment Agency	Other _____		
Last Name	First Name	Middle Name	
Street Address		City	State
			Zip Code
E-Mail Address:			
Telephone Numbers:	Home:	Cell:	Social Security
If you are under 18 years of age, can you provide required proof of your eligibility to work?			Yes No
Have you ever filed an application or been employed with us before?			Yes No
If Yes, give date: _____			
Are you currently employed?			Yes No
May we contact your present employer?			Yes No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?			
(Proof of citizenship or immigration status will be required upon employment)		Yes No	
On what date would you be available to work? _____			
Are you available to work: Full Time Part Time Shift Work Temporary			
Can you travel if the job requires it?			Yes No
Have you ever been convicted of a felony?			Yes No
(Conviction will not necessarily disqualify an applicant from employment)			
If Yes, please explain:			

## EDUCATION

	Name, City & State	Course of Study	Years Completed	Diploma / Degree
<b>High School</b>				
<b>Undergraduate/ Secondary Education</b>				
<b>Graduate / Professional / Specialized</b>				

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<b>Describe any specialized training, apprenticeship, and skills.</b>
<b>Describe any job-related training received in the United States Military</b>

### Employment Experience

**Start with either your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.**

<b>#1 Employer</b>		<b>Dates Employed:</b>	<b>Work Performed</b>
Address		From:	
Telephone Number(s)		To:	
Job Title	Supervisor	Hourly Rate / Salary	
Reason for leaving		Start:            End:	
<b>#2 Employer</b>		<b>Dates Employed:</b>	<b>Work Performed</b>
Address		From:	
Telephone Number(s)		To:	
Job Title	Supervisor	Hourly Rate / Salary	
Reason for leaving		Start:            End:	
<b>#3 Employer</b>		<b>Dates Employed:</b>	<b>Work Performed</b>
Address		From:	
Telephone Number(s)		To:	
Job Title	Supervisor	Hourly Rate / Salary	
Reason for leaving		Start:            End:	
<b>#4 Employer</b>		<b>Dates Employed:</b>	<b>Work Performed</b>
Address		From:	
Telephone Number(s)		To:	
Job Title	Supervisor	Hourly Rate / Salary	
Reason for leaving		Start:            End:	

## Additional Information

**Other Qualifications:**

Summarize special job related skills and qualifications acquired from employment or other experience

<b>Specialized Skills: Check Skills / Equipment Operated</b>			
Adding Machine	MicroSoft Office	Production/Mobile Machinery (list)	Other (list)
PC	Windows		
10-Key	Other-		

**State any additional information you feel may be helpful to us in considering your application**

**Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING:**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?       Yes       No

### References

1. Name	Phone # (      )
2. Name	Phone # (      )
3. Name	Phone # (      )

I authorize present and former employers, and individuals I have listed as personal references, to furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.

\_\_\_\_\_  
Applicant Name (please print)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**Associated Petroleum Products, Inc.**  
**2320 Milwaukee Way**  
**Tacoma, WA 98421**

## Applicant Affirmative Action Information

### Required Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

**How did you learn about us? (please circle)**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Help Wanted Advertisement</li> <li>• Employment Agency</li> <li>• Referred by Company Employee</li> <li>• Website</li> </ul> | <ul style="list-style-type: none"> <li>• State Employment Service</li> <li>• Walk-In _____</li> <li>• Other _____</li> </ul> |
|---|--|

### Voluntary Information

We are an affirmative action government contractor. To comply with government regulations, we must track the number of our applicants by gender, race/ethnicity, and position for which applied. For this reason, we invite you to indicate your information below. This information is kept separately from your application and is used only in accordance with federal and state regulations. **This section is voluntary. You are not required to provide this information.** Your application for employment will be considered in the same manner whether or not you provide this information.

**Gender**                      **Race/Ethnic Group** (as defined by Equal Employment Opportunity Commission)

- |               |   |
|---------------|---|
| <b>Male</b>   | <b>White</b> (Not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.   |
| <b>Female</b> | <p><b>Black</b> (Not of Hispanic origin): All persons having origins in any of the black racial groups of Africa.</p> <p><b>Hispanic:</b> All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.</p> <p><b>Asian or Pacific Islander:</b> All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.</p> <p><b>American Indian or Alaskan Native:</b> All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.</p> |

**Disabled**  
**Veteran Status (please specify enlistment period \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_)**  
**Vietnam-era Veteran (please specify active duty period \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_)**  
**Over 40**

**I do not wish to provide this information.**

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