



APPLICATION FOR EMPLOYMENT

PETOL
P. O. Box 192 * Clifton, TX 76634 * proffice@petol.com

Date _____

NAME _____ Soc. Sec. No. _____
Last First Middle

PRESENT ADDRESS _____
No. Street City State Zip

TELEPHONE (_____) _____ Email _____
area code

ARE YOU A CITIZEN OF THE UNITED STATES, A LAWFUL PERMANENT RESIDENT, OR OTHERWISE AUTHORIZED FOR WORK IN THE UNITED STATES? YES NO

SPECIFIC POSITION DESIRED _____ FULL TIME PART TIME

Were you previously employed by us? _____ If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate?	List Diploma or Degree
			1	2	3	4		
High School							Yes No	
College							Yes No	

	Describe the work you did: _____ _____ _____
Telephone:	

I hereby give permission to contact the Employers listed above concerning my prior work experience.

Signed (Typed name is valid as *SIGNED* unless physical signature is required)

If there is a particular Employer(s) you do not wish us to contact, please indicate which one(s):

PERSONAL REFERENCES (Not former Employers or relatives)

Name and Occupation	Address	Phone Number

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR - OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO

IF YES, GIVE DETAILS _____

ARE THERE ANY FELONY CHARGES PENDING AGAINST YOU? YES NO

IF YES, GIVE DETAILS _____

I certify that the information and answers I provided on this employment application are true and complete to the best of my knowledge. I also agree that any false information, misrepresentations, or omissions may disqualify me from further consideration for employment or may result in discharge if hired, without regard to either my knowledge or the inaccuracy, the length of my employment, or the seriousness of the inaccuracy.

I authorize the Employer to conduct such background investigations, except as noted above, as it deems necessary in arriving at an employment decision. I release the Employer and all companies, agencies, and persons contacted from all liability and responsibility for providing, receiving, or acting on such information. I further agree to cooperate in any such investigation.

I understand that if I have a protected disability that affects my ability to perform the position, I may ask the Employer to attempt to make accommodation as required by law. I must make my request in writing to the Employer as soon as possible and no later than 182 days after the date I know or reasonably should know that accommodation is needed.

I agree to conform to the rules and regulations of the Employer. No person other than a Supervisor has authority to offer employment for any specified period or to make any representations or agreement contrary to the foregoing. Moreover, no such agreement by a Supervisor will be enforceable unless the document is in writing, dated, signed by a Supervisor, and has been formally adopted by the Employer.

SIGNED (Typed name is valid as *SIGNED* unless physical signature is required)

DATE

DRUG TESTING CERTIFICATION:

I hereby give my consent for the Employer, through an authorized testing service of its choice, to collect blood, urine, hair, or saliva samples, or other fluid or tissue samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs, or controlled substances, and I hereby release the Employer from any liability arising out of such tests or its results. Further, I give my consent for the release of the test results and other relevant medical information to authorized Employer officials for appropriate review. I acknowledge that remaining free of illegal drug use is a condition of my employment.

SIGNED (Typed name is valid as *SIGNED* unless physical signature is required)

DATE

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE SPECIFIC POSITION FOR WHICH YOU ARE APPLYING WITH ACCOMMODATION OR WITHOUT ACCOMMODATION?

CERTIFICATION OF ABILITY TO PERFORM POSITION REQUIREMENTS

I certify that to the best of my knowledge I am able to perform the requirements of the position I seek. I have received a copy of the description for the position and understand the requirements. I acknowledge that this position requires lifting, sitting, standing, turning, etc.

I also understand that if I have a protected disability that affects my ability to perform the job I seek, I may ask the Employer to attempt to make a reasonable accommodation for it. I must make my request in writing to the Employer's Human Resource Department as soon as possible and no later than 182 days after the date I know or reasonably should know that accommodation is needed.

SIGNED (Typed name is valid as *SIGNED* unless physical signature is required)

DATE

Employment opportunities are open to all without regard to race, color, sex, age, religion, national origin, marital or veteran status, or height, weight, or non-disqualifying disability or handicap.

ALL APPLICATIONS WILL BE KEPT ON FILE FOR 90 DAYS AFTER COMPLETED. AFTER THAT TIME THE APPLICANT MUST RE-APPLY IF STILL INTERESTED IN EMPLOYMENT WITH THE EMPLOYER.

SUBMIT (click below)
or **MAIL TO ADDRESS ON FRONT PAGE OF APPLICATION**
(Other ways to submit can be found on the **Employment page** of our website)

This Organization Participates in E-Verify

Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781
dhs.gov/e-verify



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English / Spanish Poster

PETOL IS COMMITTED TO A DRUG FREE WORK PLACE

**TO PROMOTE A SAFE AND HEALTHY
WORK ENVIRONMENT, PETOL:**

- **REQUIRES PRE-EMPLOYMENT
ILLEGAL DRUG TESTING**
- **RANDOMLY TESTS FOR ILLEGAL
DRUGS**
- **UTILIZES EVASION PROOF HAIR
ANALYSIS TESTING THAT DETECTS
DRUG USE WITHIN AN APPROXIMATE
90 DAY WINDOW**

**PRE-EMPLOYMENT INDIVIDUALS CONFIRMED
POSITIVE FOR ILLEGAL DRUGS ARE NOT
ELIGIBLE FOR HIRE.**

**EMPLOYEES TESTING POSITIVE FOR ILLEGAL
DRUGS ARE SUBJECT TO APPROPRIATE
ACTION UNDER COMPANY POLICY.**