

APPLICATION FOR EMPLOYMENT

(AN EQUAL OPPORTUNITY EMPLOYER)

DATE:			
NAME:			
LAST		FIRST	MIDDLE INITIAL
HAVE YOU EVER WOR	KED UNDER A DI	FFERENT NAME?	
IF SO, WHAT NAME?			
CURRENT ADDRESS:	STREET ADD	RESS	
	CITY	STATE	ZIP CODE
HOW MANY YEARS HA	VE YOU LIVED A	T THIS ADDRESS?	
TELEPHONE NUMBER:			
EMAIL:			
POSITION APPLYING F	OR:		
ARE YOU LEGALLY EL	IGIBLE FOR EMF	LOYMENT IN THE UNIT	FED STATES?

IF HIRED, PROOF OF CITIZENSHIP OR LEGAL STATUS WILL BE REQUIRED

PREVIOUS EMPLOYERS – PLEASE LIST LAST (3) THREE

Employer Name	Address	Dates of Service	Position	Reason for Leaving

EDUCATIONAL BACKGROUND

Type of school	Name and Address of school	Graduated Y or N	Major and Minor, if applicable
GRAMMAR OR GRADE SCHOOL			
HIGH SCHOOL			
COLLEGE			
POST GRADUATE			

What hours would you like to work? Full Time	Part Time
Are you available to work overtime, if asked?	
Please specify days and hours available:	
Salary Requirement: \$	
Have you ever worked for Petillo Incorporated before? If yes, when?	
List any relatives working for Petillo Incorporated:	
If hired, on what date will you be available to start?	
Do you have a VALID Driver's License? Yes No	
Do you have a VALID CDL? Yes No	
Are there any experiences, skills or qualifications which you feel would be company?	an asset for our
Do you have reliable transportation? Yes No	
Have you had any automobile accidents in the past three years? Yes N	о
If Yes, please describe:	
Have you had your driver's license suspended for any reason during the pa	ast three years?
Yes No	
If Yes, please explain:	

APPLICANT'S STATEMENT

I certify that the answers given on this application are true and complete to the best of my knowledge.

I hereby understand and acknowledge that any employment relationship with Petillo, Inc. (hereinafter "the COMPANY") is of an "at will" nature, which means that I may resign at any time and the COMPANY may discharge me 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 the President of the COMPANY.

In the event of employment, I understand that false or misleading information given in my application or interview(s) will result in disciplinary action, up to and including termination of employment, and that I will be responsible for any damage or expense incurred by the Company arising out of the fact that any information in the application or interview(s) was false or misleading.

I understand, also, that I am required to abide by all rules and regulations of the COMPANY.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further authorize past employers to release information, relative to my employment with them.

NAME (PLEASE PRINT)	
,	
SIGNATURE	DATE