

PETERSEN EMPLOYMENT APPLICATION

Petersen Resources LLC and its Affiliates (Petersen)

Email completed application to Bonnie@petersenproducts.com

Applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

PERSONAL INFORMATION:

Date _____ Earliest Start Date _____

☐ Full Time ☐ Part Time ☐ Temporary Referral Source _____

Name: _____

Street Address: _____

City/State/Zip: _____ SSN: _____

Home Phone: _____ Cell Phone: _____ Email: _____

EMPLOYMENT ELIGIBILITY: To be employed by Petersen, you must meet certain state and federal employment eligibility requirements. These include (but are not limited to) United States citizenship or authorization to work in this country, and no felony convictions (for some jobs). Please answer the following questions.

1. Are you a United States citizen? ☐ YES ☐ NO
2. Are you an alien authorized to work in the United States? ☐ YES ☐ NO ☐ N/A

EDUCATION:

Schools/Colleges Attended:	# Years	Year Grad	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SKILLS SUMMARY:

Typing WPM ____ 10 Key? ____

Software Skills _____

Machine Skills _____

OTHER: _____

EMPLOYMENT/WORK EXPERIENCE: Start with your present or most recent position. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Wage Beginning \$ _____ Ending \$ _____

Dates of Employment (Month/Year): From _____ To _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for Leaving: _____

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Wage Beginning \$ _____ Ending \$ _____

Dates of Employment (Month/Year): From _____ To _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for Leaving: _____

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Wage Beginning \$ _____ Ending \$ _____

Dates of Employment (Month/Year): From _____ To _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for Leaving: _____

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Wage Beginning \$ _____ Ending \$ _____

Dates of Employment (Month/Year): From _____ To _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for Leaving: _____

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Wage Beginning \$ _____ Ending \$ _____

Dates of Employment (Month/Year): From _____ To _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for Leaving: _____

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Wage Beginning \$ _____ Ending \$ _____

Dates of Employment (Month/Year): From _____ To _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for Leaving: _____

PERSONAL REFERENCES: Please provide names, addresses, phone numbers, relationship, and how long known for two personal references.

Name: _____
Relationship: _____
Street Address: _____
How long: _____
City/State/Zip: _____ Phone: _____

Name: _____
Relationship: _____
Street Address: _____
How long: _____
City/State/Zip: _____ Phone: _____

MEANS OF TRANSPORTATION: Do you have a Driver's License? ☐ Yes ☐ No

What is your means of transportation to work: _____

Driver's License Number: _____ State of Issue: _____

☐ Operator ☐ Commercial (CDL) ☐ Chauffeur Expiration Date: _____

Have you had any accidents during the past three years? ☐ Yes ☐ No How many: _____

Have you had any moving violations during the past three years? ☐ Yes ☐ No How many: _____

LANGUAGE SKILLS: Check any which apply to you. ☐ Multilingual (Specify languages)

☐ Sign Language

LICENSING/CERTIFICATION: If a license or certification is required or related to the position for which you are applying, complete the following:

<i>License</i>	<i>Date Issued</i>	<i>Date Expires</i>	<i>Issuer/Location of Issuing Authority</i>	<i>License No.</i>

I AUTHORIZE any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they may have, personal or otherwise, with regard to any of the subjects covered by this application, and I release such parties from all liability from any damages which may result from furnishing such information to you.

I CERTIFY that the above answers are true and complete to the best of my knowledge. I authorize Petersen to investigate any statement contained in this application, and to obtain a credit report on me as necessary to determine my qualifications. I understand that this application is not and is not intended to be any kind of contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in refusal to hire or immediate termination if hired. I understand also, that I am required to abide by all Petersen rules, regulations and policies.

Signed: _____ Date: _____

FOR _____ USE ONLY:

Arrange Interview: ☐ Yes ☐ No Date: _____ Place: _____

Remarks: _____

Approved: ☐ Yes ☐ No Date: _____ By: _____