



1615 East Betteravia Santa Maria, CA 93454
Phone: (805) 925-1947 Fax: (805) 925-0884

APPLICATION FOR EMPLOYMENT

Today's Date:

Please Select Type of Employment Seeking:

- Class A Driver**
 Non-Driver

PERSONAL INFORMATION

First Name _____ Middle _____ Last _____

Home Phone _____ Cell Phone _____ Other Phone _____

Email Address _____ Referred by: _____

All Names Used in the Past

First Name _____ Middle _____ Last _____

First Name _____ Middle _____ Last _____

Present Address

Street _____ City _____ State _____ Zip _____

Previous Residence

Street _____ City _____ State _____ Zip _____

State the names of any relatives working for PPC _____

EMPLOYMENT DESIRED

Position applying for? _____ Date available to start _____

Are you able to perform the duties of the position for which you are applying, including (but not limited to) regular attendance? Yes No

Are you currently employed? Yes No If so, may we contact your current employer? Yes No

Have you worked for PPC in the past? Yes No If so, when? _____

Have you applied for work at PPC in the past? Yes No If so, when? _____

Are you available to work? Full time Part time Overtime On-call Weekend Temporary Shift-work

Have you entered into any agreements (example: an agreement not to compete or confidentiality agreement) that may impact your ability to work for Pacific Petroleum California? Yes No

SPECIAL SKILLS / EDUCATION

High School

Years Completed? 9 10 11 12 Diploma / Degree Yes No

Describe Course Study _____

Undergraduate College/University

Years Completed? 1 2 3 4 Diploma / Degree Yes No

Describe Course Study _____

Describe any specialized training, apprenticeship, skills or extra-curricular activities that are relevant to the job for which you are applying

Describe any honors, scholarships, appointments or awards you have received _____

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

Indicate any foreign Languages you can speak, read and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

List any professional or vocational certificates, licenses, or registrations that you currently hold or have held in the past: _____

List any job-related professional or technical organizations to which you belong: _____

U.S. Military or Naval Service? Yes No Rank: _____

List any job-related skills you learned while in the U.S. Military or Naval Service: _____

GENERAL INFORMATION

What do you expect to be doing in 5 years?

What has been your favorite/most interesting job?

What job did you dislike the most?

Are you over 18 years of age? Yes No

Have you ever initiated an act of violence in the workplace? Yes No If yes, explain _____

Have you used illegal drugs within the past 3 weeks? Yes No If yes, which illegal drugs & when? _____

DRIVER'S LICENSE INFORMATION

State Issued _____ Drivers License # _____ Expiration Date _____

Do you have automobile insurance as required by state law? Yes No

List Restrictions or Suspensions _____

Class / Endorsements	Experience	Current
<input type="checkbox"/> Yes <input type="checkbox"/> No Driver's License Class C	Years _____ Months _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No Driver's License Class B	Years _____ Months _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No Driver's License Class A	Years _____ Months _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No Vacuum Truck	Years _____ Months _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No Transfer	Years _____ Months _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No End Dump	Years _____ Months _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No Bottom Dump	Years _____ Months _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No Roll Off Truck	Years _____ Months _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No Hazmat Endorsed	Years _____ Months _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Years _____ Months _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Years _____ Months _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Driving Incident History

Type	Date	Description of Incident	Fatalities or Injuries?	Hazardous Spill?
Last Accident				
<i>Next Previous</i>				
<i>Next Previous</i>				
Last Traffic Citation				
<i>Next Previous</i>				
<i>Next Previous</i>				

EMPLOYMENT HISTORY

Start with you present or last job. Include any job-related military service or volunteer activities

1	Company Name	Starting Date	Ending Date
Address		Job Title	
City		State	Zip
Duties / Responsibilities			
Phone	Fax		
Name of Supervisor		Reason for Leaving	

2	Company Name	Starting Date	Ending Date
Address		Job Title	
City		State	Zip
Duties / Responsibilities			
Phone	Fax		
Name of Supervisor		Reason for Leaving	

3	Company Name	Starting Date	Ending Date
Address		Job Title	
City		State	Zip
Duties / Responsibilities			
Phone	Fax		
Name of Supervisor		Reason for Leaving	

Have you ever been discharged or asked to resign from a position or a job? Yes No

If yes, explain reasons... _____

Explain any gaps in your employment history (do not provide information about any physical or mental disabilities or other medical information) _____

EMERGENCY CONTACT INFORMATION

1st	Name	Best phone number to contact
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2nd	Name	Best phone number to contact
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3rd	Name	Best phone number to contact
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REFERENCES

List 3 non-employment references who are not related to you, and have known you for at least one year

1	Name	Address			
	Best phone number to contact	Years Acquainted	City	State	Zip
2	Name	Address			
	Best phone number to contact	Years Acquainted	City	State	Zip
3	Name	Address			
	Best phone number to contact	Years Acquainted	City	State	Zip

AGREEMENT

I understand and acknowledge the following:

1. I understand that I am entitled to copies of any public records obtained directly by Pacific Petroleum California, Inc. in connection with my application for employment.
Check one: I waive I do not waive
 my right to receive copies of public records obtained directly by Pacific Petroleum California, Inc.
2. If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S.
3. I understand that, if I am employed, any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless of when discovered, to be false or omitted, may result in my immediate dismissal.
4. I understand that I will be required to possess a current and valid California driver's license if my job requires me to drive in the course of my work.
5. I agree that, if I am offered a position, it will be offered on condition that my employment shall be at will and for no definite period, and that my employment may be terminated at any time with or without cause and with or without prior notice. I understand that, except for the President of the Pacific Petroleum California, Inc. , no supervisor or manager may alter or amend the above conditions. Only the President of the Company has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.
6. I understand and agree that, if I am offered a position, it will be a conditional offer based on my successful passing of both a drug and alcohol screen and job related medical examination.
7. I agree that I will settle any and all previously unasserted claims, disputes, or controversies arising out of or relating to my employment, my application or candidacy for employment, and/or cessation of employment with Pacific Petroleum California, Inc. , exclusively by final and binding arbitration before a neutral Arbitrator (pursuant to the Company's Alternative Dispute Resolution Policy). By way of example only, such claims include claims under federal, state, and local statutory law, such as the Fair Employment and Housing Act, Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964, as amended, including the amendments of the Civil Rights Act of 1991, the Americans With Disabilities Act, the law of contract and the law of tort.
8. If I am offered employment, I will, as a condition of employment furnish proof that I am over 18 years of age.
9. I agree that, if I am offered employment, I will be required to conform to the rules and regulations of Pacific Petroleum California, Inc.
10. I authorize investigation of all statements contained in this application and any supporting documents. I authorize Pacific Petroleum California, Inc to secure information about my experience from former employers, educational institutions, government agencies, or any references I have provided, and for those parties to provide information concerning my experience and I hereby release all parties from any liability arising from such investigation.
11. I agree that, if I am offered a position, it will be offered on condition that my employment shall be at will and for no definite period, and that my employment may be terminated at any time with or without cause and with or without prior notice.
12. I understand that no supervisor or manager may alter or amend the above conditions set forth in paragraphs one (1) through eleven (11) above. I understand that the foregoing conditions can only be altered by a written agreement signed by President of Pacific Petroleum California, Inc.

Print Name _____

Signature _____