



Application for Employment

Applicant Information			
Last Name		First Name	
Current address		Apt/Unit#	Phone
Town	State	Zip	Cell phone
Prior address		Apt/Unit#	Time there
Town	State	Zip	Date of Birth
Email		Social Security #	
Are you a citizen of the U.S.?		If no, are you authorized to work in the U.S.?	
Have you ever worked for this company before?		If so, when?	
Have you ever been convicted of a felony?		if so, please explain	
Experience			
Work Done	Type of Equipment	How Long	Location
Licenses held	Issuing State	Expiration	License Number
Licenses denied, revoked, suspended-please explain:			
Education			
High School	Address		
From	To	Did you graduate?	Degree
Trade School	Address		
From	To	Did you graduate?	Degree
College	Address		
From	To	Did you graduate?	Degree
Other	Address		
From	To	Did you graduate?	Degree
Military Service Branch	Rank		
From	To	Type of discharge	
If other than honorable, explain			
(please list all related Training Certificates in Other Training)			
Previous Employment			
1. Company		Address	
From	To	Phone	Supervisor
Position		Reason for leaving	
Responsibilities			
2. Company		Address	
From	To	Phone	Supervisor
Position		Reason for leaving	
Responsibilities			

3. Company			Address		
From	To	Phone	Supervisor		
Position		Reason for leaving			
Responsibilities					
References (please list three professional references)					
1. Full Name			Relationship		
Company			Phone		
Address					
2. Full Name			Relationship		
Company			Phone		
Address					
3. Full Name			Relationship		
Company			Phone		
Address					
Motor Vehicle Record, Driver/Technician Applicants only, last three years					
Date	Accident/Violation	City, State	Offense	Action	Comments
Accident Record, Driver/Technician Applicants only, last three years					
Date	Nature/Accident	City, State	Fatalities	Injuries	Comments
Federal Motor Carrier regulation compliance					
Were you subject to FMCSR's while employed by previous employer?			YES		NO
Was your previous job designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?			YES		NO
Additional Information and Disclaimer					
Date Available		Position Applied For		Wage desired	
Willing to work over-time				Current wage	
Willing to attend after hours training school					
What makes you the best choice for this position					

I hereby authorize the company to inquire as to my record of any or all of my former employers and references, with no liability arising therefrom. This certifies that this application was completed by me, and that all entries are true and complete to the best of my knowledge. If this application leads to my employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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All applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, the presence of a non-job related medical condition or handicap, or any other legally protected status. White Mountain Oil and Propane, Inc. is an equal opportunity employer. 7/2023

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