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An Equal Opportunity Employer

EMPLOYMENT APPLICATION

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION					
FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	

Wage Desired: _____ What hours and days are you available to work? _____

Do you have legal right to work in the United States? YES NO

ADDRESS					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.) YES NO

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? YES NO

EMPLOYMENT HISTORY

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Incomplete information could disqualify you from further consideration. Use additional sheets if necessary.

CURRENT (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS					

SECOND (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS					

THIRD (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD			FROM MO/YR		TO MO/YR
REASON FOR LEAVING					SALARY
EXPLAIN ANY GAPS					

FOURTH (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD			FROM MO/YR		TO MO/YR
REASON FOR LEAVING					SALARY
EXPLAIN ANY GAPS					

EDUCATION					
SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE Yes or No	DETAILS
High School					
College					
Other					

OTHER QUALIFICATIONS
Please list any other qualifications that you have and which you believe should be considered.

References			
NAME	COMPANY	ADDRESS	TELEPHONE NUMBER

TO BE READ AND SIGNED BY APPLICANT

I certify that the information provided in this application is true, to the best of my knowledge.

I understand that providing false or misleading information at any time during the application and interview process may lead to refusal to hire or discharge from the Company. If I become employed by the Company, I agree to follow all rules and regulations of the Company as they develop and change.

I hereby authorize the Benz Oil Company Inc. to investigate all statements made as a part of this application and to secure any necessary information from all prior employers, references, academic institutions, law enforcement agencies, other persons and entities, and public records. I hereby release all such persons, entities, employers, references, institutions, agencies, and the Benz Oil Company Inc. from any and all liability arising from their giving or receiving information about my employment history, academic credentials, qualifications, reputation, driving record, and criminal record. A photocopy of this release may be used for all purposes. I am willing to take a physical examination to include drug and alcohol testing when requested.

If I become employed by the Company, I understand that the employment relationship will be "at will," and that the "at will" status may not change at any time unless specifically approved, in writing, by the CEO of the Company.

Applicant Signature		Date	
Applicant Name (printed)			