

Application for Employment

New Dixie Oil Corporation is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religious national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position.

Name (Last, First, Middle):		Other names under which you have attended school or been employed:	
Street Address:		City, State & Zip:	
Social Security Number:	Home Phone:	Work Phone:	Other Phone:
Position Desired _____		Shift Preference 1 st _____ 2 nd _____ 3 rd _____	
Desired starting pay _____			
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lifting up to 50 lbs. may be required in the course of your employment. Can you do this on your own or with a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Birth date (Month/Day Only) _____	Are you 18 years of age or older?	Constant physical activity (assisting customers, stocking shelves, cleaning store and property, etc) is necessary. Are you able to perform duties of this type throughout the entire shift on your own or with reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been employed by New Dixie Oil?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:	
Are you related to any current New Dixie Oil employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?	
Do you have reliable transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
How did you learn about this employment opportunity at? Check all that apply: <input type="checkbox"/> Ad in newspaper <input type="checkbox"/> Job Bulletin (Posting) / Walk-in <input type="checkbox"/> Website <input type="checkbox"/> Dept. of Labor <input type="checkbox"/> Referral by employee. <input type="checkbox"/> Other:			

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

WORK EXPERIENCE-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume." **PLEASE NOTE:** New Dixie Oil Corp. reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: _____ To _____	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Dates Employed (most recent position) From: _____ To _____	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Dates Employed (most recent position) From: _____ To _____	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Dates Employed (most recent position) From: _____ To _____	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

REFERENCES: Please give names of 3 people (not relatives) you have worked with that we may contact for a reference.

Name _____	Address _____	
Occupation _____	Years known _____	Phone _____
Name _____	Address _____	
Occupation _____	Years known _____	Phone _____
Name _____	Address _____	
Occupation _____	Years known _____	Phone _____

List any first aid or emergency response training for which you are currently certified (Give date of certification)

Have you ever been convicted of a felony or a misdemeanor? Yes _____ No _____

If yes, please explain _____

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize New Dixie Oil Corp. to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of New Dixie Oil Corp. serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law.

If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first 90 days of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Applicant Signature: _____ **Date:** _____

UNCONDITIONAL RELEASE-APPLICANT PLEASE READ CAREFULLY

IF HIRED, I AGREE TO COMPLY WITH ALL RULES OF NEW DIXIE OIL. I HEREBY AFFIRM AND DECLARE THAT ALL THE FOREGOING STATEMENTS ARE TRUE AND CORRECT, AND I HAVE NOT KNOWINGLY WITHHELD ANY FACT THAT WOULD, IF DISCLOSED, AFFECT MY APPLICATION UNFAVORABLY. I HEREBY AUTHORIZE NEW DIXIE OIL TO CONDUCT ANY NONMEDICAL INVESTIGATION THEY DEEM NECESSARY WITH RESPECT TO INFORMATION SET FORTH ON THIS APPLICATION. I ALSO HEREBY AUTHORIZE NEW DIXIE OIL TO RELEASE SUCH INFORMATION TOGETHER WITH THEIR OPINIONS ON THESE MATTERS WITHOUT ANY LIABILITY FOR ANY DAMAGE WHATSOEVER CAUSED EITHER DIRECTLY OR INDIRECTLY BY GIVING OR RECEIVING SUCH INFORMATION OR OPINIONS I AUTHORIZE ANY FORMER OR PRESENT EMPLOYER, SCHOOLS, COLLEGES, AND UNIVERSITIES; PERSONAL REFERENCES AND/OR ANY OTHER PERSON OR PERSONS, TO GIVE ANY INFORMATION THEY HAVE CONCERNING MY CHARACTER AND EMPLOYMENT RECORD. I HEREBY UNCONDITIONALLY RELEASE ANY NAMED OR UNNAMED INFORMATION PROVIDER FROM ANY AND ALL LIABILITY RESULTING FROM THE FURNISHING OF ANY SUCH INFORMATION.

MORE SPECIFICALLY, I HEREBY AUTHORIZE THE SHERRIFF AND/OR CHIEF OF POLICE, AND/OR ANY AND ALL MEMBERS OF ANY POLICE DEPARTMENT IN ANY LOCAL AREAS WHERE I HAVE LIVED AND/OR WORKED; OR ANY OTHER CONCERNED LAW ENFORCEMENT AGENCY, TO FURNISH ANY INFORMATION THEY MAY HAVE CONCERNING ME WHICH THEY HAVE ON RECORD OR OTHERWISE. I HERBY RELEASE THE SHERIFF AND OR ANY OTHER LAW ENFORCEMENT AGENCY, WHEREVER SITUATED, FROM ANY AND ALL LIABILITY RESULTING FROM THE FURNISHING OF THIS INFORMATION. IT IS UNDERSTOOD THAT ANY FALSE STATEMENT OR OMISSION ON THE APPLICATION MAY BE CONSIDERED AS SUFFICIENT CAUSE FOR REJECTION OF THE APPLICATION, OR DISMISSAL, IF ALREADY EMPLOYED BY NEW DIXIE OIL.

I HEREBY CERTIFY THAT THE FACTS IN THE ABOVE EMPLOYMENT APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENT ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL. YOU ARE HERBY AUTHORIZED TO MAKE ANY INVESTIGATION OF MY PERSONAL HISTORY, FINANCIAL AND CREDIT RECORD THROUGH ANY INVESTIGATION OR CREDIT AGENCIES OR BUREAUS OF YOUR CHOICE. NOTE: THE PROVISIONS OF THE FAIR CREDIT REPORTING ACT MAY BE APPLICABLE IF A CREDIT REPORT ON THE APPLICANT IS OBTAINED AND CONSIDERED.

IN THE EVENT OF EMPLOYMENT BY NEW DIXIE OIL, I AUTHORIZE THEM TO WITHHOLD FROM MY PAYROLL CHECK TO THE FULLEST EXTENT ALLOWED BY THE LAW, THE AMOUNT OF ANY CASH ADVANCES, RETURNED CHECKS ISSUED BY ME TO NEW DIXIE OIL OR ANY OTHER AMOUNT OWED BY ME TO NEW DIXIE OIL FOR CASE GOODS PREVIOUSLY RECEIVED.

I UNDERSTAND THAT NOTHING CONTAINED IN ANY OF NEW DIXIE OIL'S POLICIES AND PROCEDURES, AND NOTHING SAID TO ME BY ANY REPRESENTATIVE OF NEW DIXIE OIL, SHALL BE DEEMED TO CREATE ANY CONTRACT OF EMPLOYMENT BETWEEN ME AND NEW DIXIE OIL, AND THAT MY EMPLOYMENT MAY BE TERMINATED BY ME OR NEW DIXIE OIL AT ANY TIME FOR ANY REASON WITHOUT ADVANCE NOTICE OF ONE TO THE OTHER.

ADDITIONALLY, I HEREBY ATTEST UNDER PENALTY OF PERJURY THAT I AM AUTHORIZED TO WORK IN THE UNITED STATES.

APPLICANT SIGNATURE: _____ DATE: _____

BACKGROUND REPORT RELEASE FORM PLEASE READ CAREFULLY

This is to notify you that in connection with your application for employment or temporary assignment we may produce a consumer report. Please be advised that we may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics and mode of living as part of the process. In the event that information gained from these reports is utilized, either in whole or in part, in making an adverse decision we will provide you with a copy of the consumer report and a description of your summary of rights under the Fair Credit Reporting Act (FCRA) before making an adverse action.

This information may be obtained by contacting your present and previous employers or references supplied by you. The report may cover information including, but not limited to, credit reports, criminal history reports, and any public records i.e. driving records, education and licensing verifications, personal reference verifications, federal and state blocked party information, medical professional sanctions and Social Security number verification.

Please be advised that you have the right to request a copy of the consumer report in a reasonable amount of time (60 days). We will make a complete and accurate disclosure of the nature and scope of the information requested.

By signing below, I am authorizing New Dixie Oil Corporation to prepare a consumer or investigative consumer report on me as part of the screening process for employment or temporary assignment. During the period in which I retain employment or assignment, I further authorize New Dixie Oil Corporation to obtain additional consumer reports or investigative consumer reports on me to evaluate my reliability for purposes of determining continued access authorization. I also acknowledge that New Dixie Oil Corporation has provided me with a copy of my summary of rights under the fair credit-reporting act (FCRA).

I additionally authorize all entities having information about me including present and former employers, criminal justice agencies, department of motor vehicles, schools, and credit reporting agencies to release such information to the below indicated party or New Dixie Oil Corporation and to Partnership Screening as the investigative consumer reporting agency, or to any firm retained to conduct such investigations, with all to be treated as the end user of such information without exception.

Type Name of Requester _____

This release and authorization shall remain valid and in effect during the term of your employment. We reserve the right to run additional consumer reports and/or investigative consumer reports on an as needed basis.

Date: _____ Authorized Signature: _____

Subject/Applicant Name: _____

Address: _____ City: _____ ZIP Code: _____

Previous Address: _____ City: _____ ZIP Code: _____

All Aliases/Maiden Name: _____

Date of Birth: ____/____/____ Social Security Number: ____-____-____

Drivers License Number: _____ State Issued: _____

The information on this form will be used solely for the purpose of identifying or eliminating possible records revealed during the background screening process and will not be used in any way in making an employment or assignment decision

DRUG TEST CONSENT FORM for APPLICANTS

I, a prospective employee of New Dixie Oil Corporation, Inc. (“the Company”), understand that the use of drugs, alcohol, and other controlled substances by employees creates a dangerous work environment. In consideration for my desire for a safe work environment, I hereby give my consent for the Company to conduct the drug test it considers necessary as outlined in its Drug Test Policy. I understand that this drug test is a condition for employment. I hereby allow the Company to take the necessary specimens from me to test for any controlled substance, and I authorize the laboratory or medical personnel retained by the Company for these tests to release the results to the Company for whatever use the Company deems appropriate. Further, I release the laboratory or medical personnel conducting the drug test, the Company, and the Company’s employees, directors, officers, and successors from any liabilities, claims, and causes of action known or unknown, contingent or fixed, that may result from this drug test. I agree not to file any lawsuit or other action to assist a claim.

I have read and understood this agreement, and I sign this without and coercion or duress by any individual or institution.

Print Name

Signature

Date