



APPLICATION FOR EMPLOYMENT

An Equal Opportunity/Affirmative Action Employer

IMPORTANT: Superior Lubricants Co., Inc. policy and government regulations forbid discrimination because of age, color, race, religion, sex, national origin, disability or marital status.

APPLICANT: It is very important that when completing this application form you:

- Do not type this application. Print legibly in ink. Complete all sections by answering all questions. If additional space is needed, use a separate sheet.
- Applications will not be processed unless signed.
- Falsification of this application will be grounds for **IMMEDIATE** dismissal with no recourse whatsoever.

GENERAL DATA

Name _____
First Middle Initial Last (Area Code) Phone Number

Social Security Number _____ Position applied for _____
Plant Location

Address _____ How Long? _____
(No. & Street) City State Zip Code

Previous addresses for the past ten years (use a separate sheet of paper if necessary)

Address _____ How Long? _____
(No. & Street) City State Zip Code

Is any additional information relative to change of name, use of an assumed name or nickname necessary to enable a check on your work record? If yes, explain _____

Where did you hear of this opening? _____

Have you ever applied for a position with Superior before? _____ When? _____ Where? _____

Do you know anyone employed by Superior? _____ If so, who? _____

Are you related to anyone employed by Superior? _____

If so, who? _____ Relationship _____ Position _____ Location _____

Have you ever been convicted of a felony? _____

If so, explain _____

Have you ever been bonded? _____ Ever been refused bond? _____

Are you a United States citizen? _____ If not, explain _____

After employment, can you submit verification of your legal right to work in the U.S.? YES NO

If under 18 years of age, do you have a work permit? YES NO

Are you willing to submit to a: Drug Screen: YES NO Physical: YES NO Background check: YES NO

RECORD OF PRESENT AND PREVIOUS EMPLOYMENT

May we contact present employer? _____ Yes _____ No

Give below an accurate, complete and consecutive record of present and previous employment including military service during the past ten years.

All times must be accounted for whether employed or unemployed or in the military service.

Any verified work performed on a volunteer basis should be included.

PRESENT OR MOST RECENT EMPLOYER		MONTH AND YEAR	POSITIONS HELD AND DUTIES PERFORMED
NAME	TEL. NO.	FROM	
STREET ADDRESS		TO	REASON FOR LEAVING
CITY AND STATE		BEGINNING SALARY	
SUPERVISOR AND TITLE		ENDING SALARY	
PRESENT OR MOST RECENT EMPLOYER		MONTH AND YEAR	POSITIONS HELD AND DUTIES PERFORMED
NAME	TEL. NO.	FROM	
STREET ADDRESS		TO	REASON FOR LEAVING
CITY AND STATE		BEGINNING SALARY	
SUPERVISOR AND TITLE		ENDING SALARY	
PRESENT OR MOST RECENT EMPLOYER		MONTH AND YEAR	POSITIONS HELD AND DUTIES PERFORMED
NAME	TEL. NO.	FROM	
STREET ADDRESS		TO	REASON FOR LEAVING
CITY AND STATE		BEGINNING SALARY	
SUPERVISOR AND TITLE		ENDING SALARY	
PRESENT OR MOST RECENT EMPLOYER		MONTH AND YEAR	POSITIONS HELD AND DUTIES PERFORMED
NAME	TEL. NO.	FROM	
STREET ADDRESS		TO	REASON FOR LEAVING
CITY AND STATE		BEGINNING SALARY	
SUPERVISOR AND TITLE		ENDING SALARY	
PRESENT OR MOST RECENT EMPLOYER		MONTH AND YEAR	POSITIONS HELD AND DUTIES PERFORMED
NAME	TEL. NO.	FROM	
STREET ADDRESS		TO	REASON FOR LEAVING
CITY AND STATE		BEGINNING SALARY	
SUPERVISOR AND TITLE		ENDING SALARY	

DRIVER'S LICENSE INFORMATION (For All Except Clerical Applicants)

State	License No.	Type-Class	Expiration Date

DRIVING RECORD (For All Except Clerical Applicants)

Accident Record for past three years (if no accidents, indicate "none")

Date	Personal or Company Vehicle	Briefly Describe Accident	Chargeable or Non-chargeable	Injuries	Fatalities

Traffic convictions, moving violations, suspensions and forfeitures of bond or collateral for the past three years other than parking violations (if none, indicate so)

Location	Date	Personal or Company Vehicle	Charge	Penalty

DRIVING EXPERIENCE (For All Driver Applicants)

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Years Experience		Approximate Number of Miles (Total)
		Gasoline	Diesel	
Straight Truck				
Tractor and Semi-Trailer				

Driving courses or training taken _____

Which safe driving awards do you hold and from whom? _____

VEHICLE MAINTENANCE EXPERIENCE (For Maintenance Applicants Only)

If you have truck shop experience, indicate number of years _____

Truck Gasoline _____ Years Diesel _____ Years Trainers _____ Years

List other areas of experience and years

_____ Years _____

_____ Years _____

_____ Years _____

COMPUTER EXPERIENCE:

Typing (WPM) _____ Years _____

COMPUTER PROGRAMS:

_____ Years _____

_____ Years _____

_____ Years _____

EDUCATION

	Name of School	Complete Address (Street, City, State)	Dates Attended	Major Course	Degree
High School					
College					
Business or Trade School					
Additional Education					
Additional Education					

List courses and training other than shown in this application _____

Extracurricular activities (athletics, hobbies, clubs, professional organizations). Please omit any organizations which reflect age, race, color, sex, national origin, religion, handicap or ancestry of members _____

PROFESSIONAL REFERENCES (Other than relatives and immediate supervisors)

Name	Complete Address	Company	Position
		Tel No	
		Tel No	
		Tel No	

In accordance with Public Law 91-508 and other applicable statutes, you are hereby notified that in connection with this application an investigative consumer report including information as to your character, general reputation, personal characteristics and mode of living may be procured by this Company. Upon written request the Company will provide you with the name, address and telephone number of the consumer reporting agency making said report. You may request from the consumer reporting agency copies of any such investigative consumer report, if required by law.

It is agreed and understood that the Company or their agents may investigate the applicant's background to ascertain any and all information of concern to the applicant's record, whether same is of record or not, and the applicant releases employers and persons named herein from all liability for any damages on account of furnishing such information.

I understand that my omission or misrepresentation of material facts in this application would be grounds for separation from employment.

I further understand that I will be bound by all such Company policies as now exist or may exist in the future. I further understand that my employment is on an at-will basis and is not being made for a definite period of time and that all terms and conditions of employment are subject to change without notice. I further understand that, if employed, I will be subject to a probationary period which at the employer's discretion may be extended.

It is also agreed that I may leave the Company's employ at any time with proper notice.

I understand that the information in this application will be used and that prior employers may be contacted for purposes of investigation as required by Section 391.23 of the Motor Carrier Safety Regulations. All entries and information on this application are true and complete.

Signature of Applicant

Date

THIS APPLICATION MUST BE SIGNED