EMPLOYMENT APPLICATION

STATEWIDE CRUDE INC.

P.O.Box 26

Leona, Texas 75850

903-344-2120

1. Employer Information

Employer:

Address:

Telephone:

City/State/ZIP:

It is the policy of STATEWIDE CRUDE INC. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.		
2. Applicant Information		
Applicant Name: Address: City/State/ZIP: Number of years at this address: Daytime phone: Social Security Number: Driver's License (State/Number):		
3. Emergency Contact		
Who should be contacted if you are involved in an emergency? Contact Name: Relationship to you: Address: City/State/ZIP: Daytime phone: Evening phone:		
4. Job Position Applied For:		
5. Who referred you to our company?		
6. Are you at least 18 years old? Yes No		
7. If applicable, are you available to work overtime? Yes No		
8. If you are offered employment, when would you be available to begin work?		

9. Applicant's Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Skill [] Typing [] Microsoft Office Suite (Word, Excel, etc.) [] Accounting/Bookkeeping [] Answering telephones [] Filing	Years of Experience	Ability or Rating 1 2 3 4 5 1 2 3 4 5
10. Applicant Employment History		
List your current or most recent employment first.		
Dates of Employment (Month Voor):		
Employer Name: Supervisor Name: Address: City/State/ZIP: Job Duties: Reason for Leaving: Dates of Employment (Month/Year):		
Employer Name: Supervisor Name: Address: City/State/ZIP: Job Duties: Reason for Leaving:		

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize STATEWIDE CRUDE INC. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its President, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of STATEWIDE CRUDE INC., except in a specific written contract of employment signed on behalf of the organization by its President, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE (AND AGREE TO ITS TERMS.	CERTIFICATION AND I UNDERSTAND
	
APPLICANT SIGNATURE	DATE