



## AMALIE OIL COMPANY

An Equal Opportunity Employer

# Employment Application

Amalie Oil Company is a Drug Free Workplace

**Please be advised that upon completion of this application, our Personnel Department will review the application, and then contact you if you are going to be considered for a position.**

**Please make sure that you have listed a valid telephone number on the application, and that it is filled out using **blue ink only.****

**Thank you for selecting Amalie Oil as your prospective employer.**

**If you have any questions regarding the application process please contact Angela at:  
(813) 248-1988 x299**

# AMALIE OIL COMPANY

1601 McCLOSKEY BLVD.

TAMPA, FL 33605-6710

PHONE: 813 248-1988

Employment Application

www.amalie.com

**An Equal Opportunity Employer**

**Amalie Oil Company is a Drug Free Workplace**

Please Print

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Social Security No. \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Present Address

\_\_\_\_\_  
No. Street City State Zip

Previous Address :

\_\_\_\_\_  
No. Street City State Zip

## Employment Desired

Are you applying for:

Regular full-time work?..... Yes \_\_\_\_\_ No \_\_\_\_\_

Regular part-time work?..... Yes \_\_\_\_\_ No \_\_\_\_\_

Temporary work, e.g., summer or holiday work?..... Yes \_\_\_\_\_ No \_\_\_\_\_

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available?

From \_\_\_\_\_ To \_\_\_\_\_

Are you available for work on weekends?..... Yes \_\_\_\_\_ No \_\_\_\_\_

Are you available to work overtime, if necessary?..... Yes \_\_\_\_\_ No \_\_\_\_\_

If hired, on what date can you start work? \_\_\_\_\_

Salary desired: \_\_\_\_\_

**Personal Information**

Have you ever applied to or worked for Amalie Oil Company before?..... Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for Amalie Oil Company.?...Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state name(s) and relationship \_\_\_\_\_

Why are you applying for work at Amalie Oil Company ? \_\_\_\_\_

How did you find out about this opportunity? \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you at least 18 years old? ..... Yes \_\_\_\_\_ No \_\_\_\_\_  
(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?..... Yes \_\_\_\_\_ No \_\_\_\_\_  
(Proof will be required in conformance with federal law if an employment offer is made)

Are you able to perform the essential functions of the job for which you are applying?..... Yes \_\_\_\_\_ No \_\_\_\_\_

If no, describe the functions that cannot be performed. \_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Are you able to perform all other duties of the job for which you are applying?. Yes \_\_\_\_\_ No \_\_\_\_\_

If no, describe the duties and functions you cannot perform. \_\_\_\_\_

(Note: Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a felony?..... Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, state nature of the crime(s), when and where convicted and disposition of case

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. Certain felons will be denied access to the Port of Tampa under state law F.D.L.E. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

## Education, Training and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma	Year Graduated
High School					<del>          </del>
College/ University					
Vocational/ Business					
Health Care					
Other					

Many of our customers (clients) do not speak English, Do you speak, write or understand any foreign languages?..... Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which language(s)? \_\_\_\_\_

Do you have any experience, training, qualifications or skills which you feel make you especially suited for work at Amalie Oil Co.? If so, please explain \_\_\_\_\_

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Answer the Following Questions if you are Applying for a **Professional Position**

Are you currently licensed/certified for the job applied for? ..... YES \_\_\_\_\_ NO \_\_\_\_\_

Name of license/certification \_\_\_\_\_

Issuing State \_\_\_\_\_

License/certification number \_\_\_\_\_

Has your license/certification ever been revoked or suspended?..... YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, state reason(s), date of revocation or suspension and date of reinstatement \_\_\_\_\_

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**EMPLOYMENT HISTORY**

List below all present and past employment starting with your most recent employer (last 10 years is sufficient).

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

No. Street City State Zip

Type of Business \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your position and Duties \_\_\_\_\_

\_\_\_\_\_

Hours Worked: \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Hourly or Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

No. Street City State Zip

Type of Business \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your position and Duties \_\_\_\_\_

\_\_\_\_\_

Hours Worked: \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Hourly or Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Type of Business \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your position and Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hours Worked: \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Hourly or Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Type of Business \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your position and Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hours Worked: \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Hourly or Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY SERVICE**

Have you ever served in the U. S. Armed Forces? ..... YES \_\_\_\_ NO \_\_\_\_

Were you discharged under honorable conditions? ..... YES \_\_\_\_ NO \_\_\_\_

If honorable conditions, which branch of service and dates of service did you serve?

Service: \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

Are you a disabled veteran? ..... YES \_\_\_\_ NO \_\_\_\_

Are you a Vietnam Era Veteran? ..... YES \_\_\_\_ NO \_\_\_\_

Are you an "other" eligible veteran? ..... YES \_\_\_\_ NO \_\_\_\_

If yes, reason of eligibility, if known: \_\_\_\_\_

Have you ever received an Armed Forces Expeditionary Medal (AFEM)?YES \_\_\_\_ NO \_\_\_\_

Have you obtained any special skills or abilities as the result of service in the military?..... YES \_\_\_\_ NO \_\_\_\_

If so, describe: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION: (This MUST be filled in)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

City State Zip

**REFERENCES**

List below three persons who have first-hand knowledge of your work performance within the last three years.

**Name** \_\_\_\_\_

Address \_\_\_\_\_

No. Street City State Zip

Occupation \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

No. Street City State Zip

Occupation \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

No. Street City State Zip

Occupation \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Please Read and Sign Below: Applicant Certification, Authorizations and Understandings

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application, (or have given the answers to \_\_\_\_\_ who wrote in my responses, and I have confirmed all responses given). I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I understand and agree that if my employment with Amalie Oil Company requires me to drive a company owned or leased vehicle, I must be an eligible licensed driver and insurable with Amalie Oil Company's insurance company, notwithstanding any high-risk requirement. If I am ever unable to meet this requirement, my employment may be subject to change, alteration, and/or dismissal from Amalie Oil Company.

I hereby authorize Amalie Oil Company, to thoroughly investigate my references, work record, education and criminal convictions. Matters related to my suitability for employment and, further, authorize my former employers to disclose to the company and all letters, reports, and other information related to my work history and records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that nothing contained in the application or conveyed during any interview which may be granted is intended to create an employment contract between me and the company, In addition, I understand and agree that if I am employed, my employment is not for a definite or permanent period of time and may be terminated at any time, with or without prior notice, and without regard to my work history with the company, at the option of either myself or the company. No promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

\_\_\_\_\_ Date  
\_\_\_\_\_ Applicant's Signature  
=====

(for office use only)

Job Offered By: \_\_\_\_\_ Date: \_\_\_\_\_

Dept: \_\_\_\_\_ Position: \_\_\_\_\_

Date Reporting: \_\_\_\_\_ Time: \_\_\_\_\_ Salary/Hourly: \_\_\_\_\_

Revue in 90 days intl. \_\_\_\_\_ Job Class Code: \_\_\_\_\_

Approved to Start By: \_\_\_\_\_  
Signature Title Date

*Payroll Dept. only: A/S 400, G07111, 6 – If Disabled Vet is a "Y", then Veteran must be an "N". If Disabled Vet is an "N", the Veteran must be one of the following: Vietnam "V"; Other "O"; all others must be coded as an "N". Please fill in each of the following:*

Disabled Vet: "Y" or "N": \_\_\_\_\_ Veteran: "V", "O" or "N": \_\_\_\_\_