



6242 Portland Road NE, Salem Oregon, 97305  
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## Application for Employment & Pre-Employment Questionnaire

- Equal Opportunity Employer
- Drug-free Workplace
- Pre-employment screen required
- Highway Fuel is an "at-will" employer

APPLICANT INFORMATION			
Today's date:		Position applying for:	
Name:		Email address:	
Current address:		City:	State: Zip:
Primary Phone:	Alternate Phone:		Referred by:
Are you 18 years of age or older?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date you can start:
Are you available on weekends?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you seeking Full time <input type="checkbox"/> Part time <input type="checkbox"/> Either <input type="checkbox"/>
Are you eligible to work in the US?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Salary desired:	If so, may we contact current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have reliable transportation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you worked here before? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been fired from a job?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you capable of lifting 50 lbs? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain:			

\*Answering yes to this question does not automatically disqualify you from consideration

Names and Locations of Schools Attended	Final Grade	Did you graduate?	Subject/Degree
High School:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
College:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Driver's license: Class A CDL: <input type="checkbox"/> Class B CDL: <input type="checkbox"/> Class C (standard license): <input type="checkbox"/> None: <input type="checkbox"/>		License No.:	State:
Please list any limitations on your license:			
Please list any US military service:		Rank:	Honorable Discharge: Yes <input type="checkbox"/> No <input type="checkbox"/>
Please list any additional training and skills:			

EMPLOYMENT HISTORY and REFERENCES			
Previous employers and positions held	Employer Phone	Dates (MM/YY)	Reason for leaving
		From:	
		To:	
		From:	
		To:	
		From:	
		To:	

(continued on back)

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Please include the names of three persons not related to you, with whom you have work related experiences for at least one year.

Reference name and address:	Business	Phone No.	Years known

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application may be grounds for dismissal.

I authorize Highway Fuel to investigate all statements, employers and references listed above to obtain pertinent information in regard to previous employment and/or personal data. I release Highway Fuel Co. from all liability for any damage that may result from utilization of such information.

I also understand that any employment agreement must be made in writing and signed by an authorized Highway Fuel Co. representative.

I understand that I must submit to a pre-employment drug screen if given a conditional offer of employment.

*Incomplete applications may not be considered.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

print here

**DO NOT WRITE BELOW THIS LINE**

Initial interview comments regarding applicant's qualifications for position:

Remarks:

Remarks:

Applicant meets requirements for position:

Yes  No

Interviewer:

Hire date:

Department:

Position:

Reports to:

Salary: