

Prairie State Enterprises of Darien, L.L.C. (PSED)

Location Applying For: _____

Employment Application

An Equal Opportunity Employer PSED is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Please print and fill out all sections and email to jobs@psfuels.com. You may also hand deliver to the location or office in which you desire employment.

Applicant Information

Applicant Name _____

Home Phone _____

Other _____

Email Address _____

Current Address: Number and street _____

City _____

State & Zip _____

How were you referred to Company? _____

Employment Positions

Position(s) applying for: _____

Are you applying for:

- Temporary work – such as summer or holiday work? [] Y or [] N
- Regular part-time work? [] Y or [] N
- Regular full-time work? [] Y or [] N

What days and hours are you available for work?

If applying for temporary work, when will you be available?

If hired, on what date can you start working? ____ / ____ / ____

Can you work on the weekends? Y or N
Can you work evenings? Y or N
Are you available to work overtime? Y or N
Salary or hourly wage desired: \$ _____

Personal Information:

Have you ever applied to / worked for Company before? Y or N
If yes, please explain (include date): _____
Do you have any friends, relatives, or acquaintances working for Company? Y or N
If yes, state name & relationship: _____
If hired, would you have transportation to/from work? Y or N
Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) Y or N
If hired, would you be able to present evidence that you legally can work in the United States? Y or N
If hired, are you willing to submit to and pass a controlled substance test? Y or N
Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? Y or N
If no, describe the functions that cannot be performed:

(Note: PSED complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Note: Some states have laws that make it illegal to ask the following question on an application form. Please check your state law.

Have you ever been convicted of a criminal offense (felony or misdemeanor)?
 Y or N
If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case. _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training and Experience

High School Name: _____

School City, State, Zip: _____

of years completed: _____

Did you graduate? Y or N

Degree / diploma earned: _____

College / University Name: _____

School City, State, Zip: _____

Number of years completed: _____

Did you graduate? [] Y or [] N

Degree / diploma earned: _____

Military:

Branch: _____

Rank in Military: _____

Total Years of Service: _____

Skills/duties: _____

Related details: _____

EMPLOYMENT HISTORY (list 3 most recent jobs)				
Business Name and Address		Type of Business	Salary/Wage	Dates
Job Description	Supervisor	Reason you left?	May we call?	Phone Number
Business Name and Address		Type of Business	Salary/Wage	Dates
Job Description	Supervisor	Reason you left?	May we call?	Phone Number
Business Name and Address		Type of Business	Salary/Wage	Dates
Job Description	Supervisor	Reason you left?	May we call?	Phone Number

PERSONAL REFERENCES (do not list relatives or former employers)		
Name	Occupation	Phone
1.		
2.		
3.		

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by PSED (hereinafter referred to as "PSED") that such employment with PSED is at will, for no specified duration and may be terminated by either PSED or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of PSED or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of PSED except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of PSED.

I agree to conform to the rules, regulations, policies and procedures of PSED at all times and understand that such obedience is a condition of employment. I understand that due to the nature of PSED business, attendance and punctuality are considered essential requirements of every job at PSED and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with PSED, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to PSED and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information. I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature of applicant

Date