

APPLICATION FOR EMPLOYMENT

Company BUCKEYE PROPANE COMPANY, INC.

Address _____

City _____ State Ohio Zip _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

Date of application _____

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

Address _____
Street City
State Zip Phone _____

ADDRESS FOR PAST THREE YEARS }
Street City State & Zip Code How Long? _____
Street City State & Zip Code How Long? _____

Do you have the legal right to work in the United States? _____

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

References (Other than family)

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

EMPLOYER			DATE	
NAME			FROM	TO
			MO. YR.	MO. YR.
ADDRESS	SAFETY SENSITIVE FUNCTION?			
	CIRCLE YES NO			
CITY	STATE	ZIP	SUBJECT TO PART 40 DRUG&ALCOHOL	
			CIRCLE YES NO	
CONTACT PERSON	PHONE NUMBER			
	REASON FOR LEAVING			

EMPLOYER			DATE	
NAME			FROM	TO
			MO. YR.	MO. YR.
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