



# EMPLOYMENT APPLICATION

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PERSONAL INFORMATION	Last Name		First Name			Middle Initial	Today's Date						
	Current Address (Do not list P.O. Box)			City	State	County	Zip Code	Telephone No.					
	Email Address					Cell Phone No.							
	Position Applying for					Are you legally authorized to work in the United States? Proof of legal authority to work in the United States will be required upon employment. Yes <input type="checkbox"/> No <input type="checkbox"/>							
	Expected Rate of Pay		Full Time <input type="checkbox"/>	1st Shift <input type="checkbox"/>	Available Start Date	Are you at least 18 years of age?  Yes <input type="checkbox"/> No <input type="checkbox"/>							
	\$ _____ Per _____		Part Time <input type="checkbox"/>	2nd Shift <input type="checkbox"/>									
Referred By: (Please check applicable box and specify if other source) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Agency</td> <td><input type="checkbox"/> School, please specify _____</td> </tr> <tr> <td><input type="checkbox"/> Internet Site, please specify _____</td> <td><input type="checkbox"/> Newspaper, please specify _____</td> </tr> <tr> <td><input type="checkbox"/> CFL Employee _____</td> <td><input type="checkbox"/> Other, please specify _____</td> </tr> </table>								<input type="checkbox"/> Agency	<input type="checkbox"/> School, please specify _____	<input type="checkbox"/> Internet Site, please specify _____	<input type="checkbox"/> Newspaper, please specify _____	<input type="checkbox"/> CFL Employee _____	<input type="checkbox"/> Other, please specify _____
<input type="checkbox"/> Agency	<input type="checkbox"/> School, please specify _____												
<input type="checkbox"/> Internet Site, please specify _____	<input type="checkbox"/> Newspaper, please specify _____												
<input type="checkbox"/> CFL Employee _____	<input type="checkbox"/> Other, please specify _____												

## EMPLOYMENT HISTORY

Start with most recent or present employer.

Please include part time and self-employment and explain periods of non-employment below.

1	Employer	Employed	
		From	To
Address		Your Responsibilities	
Job title			
Name of Supervisor		Reason for Leaving	
Title of Supervisor		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Telephone No.
2	Employer	Employed	
		From	To
Address		Your Responsibilities	
Job title			
Name of Supervisor		Reason for Leaving	
Title of Supervisor		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Telephone No.
3	Employer	Employed	
		From	To
Address		Your Responsibilities	
Job title			
Name of Supervisor		Reason for Leaving	
Title of Supervisor		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Telephone No.



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Please explain periods of non-employment \_\_\_\_\_

EDUCATION		Name and Address of School	Number of Years Completed	Major or Type of Coursework	Degree/Certificate	Did You Graduate?
	High School					
	Business/Technical					
	College/University					
	Graduate/Professional					
	Other (Seminars, Adult Education, Correspondence Courses)					

If you are applying for a position where driving is a requirement of the job, please answer the following questions:

Do you have a valid driver's license? Yes  No  License # \_\_\_\_\_ Issuing State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Do you have Hazmat Endorsements? Yes  No  Other: \_\_\_\_\_

Within the past three years: How many moving violations have you had? \_\_\_\_\_ How many traffic accidents have you had? \_\_\_\_\_

Why are you seeking employment at this time?

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In what computer software programs are you proficient?

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What other experiences or skills do you feel may qualify you for a position with CFL?

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Have you previously been employed by California Fuels and Lubricants? Yes  No  If yes:  
 Position(s) held \_\_\_\_\_ Under what name? \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

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Are you subject to any employment agreement that could impact your ability to work for CFL? Yes  No   
 If yes, please attach copy of the agreement(s) \_\_\_\_\_



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READ THOROUGHLY BEFORE SIGNING

I certify that all information contained in this Application for Employment is true and complete. Employment shall be based solely on the company's need and the individual's qualifications. I authorize AAA Oil Inc and its affiliates to conduct an investigation of all statements contained in this application which may deem relevant to my employment. I authorize my previous employers and/or other persons having information concerning my records to report such information to AAA Oil, Inc and its affiliates. I understand and agree that if it is subsequently discovered that the information is untrue or I have failed to disclose a material fact, any offer of employment made to me by AAA Oil, Inc and its affiliates may be immediately withdrawn or if I am already employed by AAA Oil, Inc and its affiliates, I may be subject to immediate dismissal from AAA Oil, Inc and its affiliates

I understand AAA Oil Inc and its affiliate may require a successful completion of a background check that complies with the AAA Oil Inc. and its affiliates pre-employment screening policies. I understand that I may be required to undergo drug testing and that my employment is contingent upon these results. I will be provided a Background Investigation Release form which contains a disclosure under the Fair Credit Reporting Act (FCRA) and Associate's authorization and general release under FCRA which I have read or will read before signing. I understand that I am not obligated to disclose sealed or expunged records of conviction or arrest in accordance with the Immigration and Control Act of 1986. AAA Oil, Inc. and its affiliates will only hire United States citizens and aliens lawfully authorized to work in the United States. I understand that I will be required to complete the designated employment eligibility verification I-9 Form as a condition of employment.

In the event of my appointment to a position, I shall comply with all company policies and procedures. I am aware and understand the physical requirements of the job and certify that I can and will perform these requirements in a safe manner. If hired, I will be an At-Will employee and understand that my employment can be terminated by either party at any time with or without cause or notice. At-will employment may only be modified by written agreement signed by an officer of the AAA Oil, Inc and its affiliates.

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

\_\_\_\_\_  
APPLICANT'S SIGNATURE                      DATE