



EMPLOYMENT APPLICATION

GAUBERT OIL COMPANY INC. • 10 Rienzi Drive • P.O. BOX 310 • THIBODAUX, LA 70302
 PHONE: (985) 447-3811 • MAIN OFFICE FAX (985) 447-1614 • TOLL FREE: (800) 256-1250

DATE _____ POSITION APPLYING FOR _____

GENERAL INSTRUCTIONS	APPLICANT'S INFORMATION	
◆ Please type or print in ink. ◆ To be considered for employment, complete your application in its entirety. ◆ All information is subject to verification. ◆ Your application must be received by the closing date of advertised job. ◆ Resumes may be attached.	NAME (LAST, FIRST, MI)	
	MAILING ADDRESS	
	CITY	
	STATE	ZIP CODE
	HOME PHONE	CELL PHONE
	EMAIL ADDRESS	

ARE YOU A U.S. CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? YES NO

ARE YOU 21 YEARS OF AGE OR OVER? YES NO

ARE YOU A VETERAN? IF YES, PLEASE PROVIDE PROOF OF DISCHARGE YES NO

DO YOU SPEAK ANY LANGUAGE OTHER THAN ENGLISH? YES NO

IF YES, WHAT LANGUAGE, _____

DRIVER'S LICENSE	
ISSUING STATE	NUMBER
ENDORSEMENT (S) PLEASE CHECK ONE <input type="checkbox"/> HAZARDOUS MATERIAL (HAZMAT) <input type="checkbox"/> PASSENGERS <input type="checkbox"/> TANKER <input type="checkbox"/> SCHOOL BUS/PASSENGER <input type="checkbox"/> DOUBLE/TRIPLE TRAILERS <input type="checkbox"/> AIR BRAKES CLASSES PLEASE CHECK ONE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	

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EDUCATION • HIGH SCHOOL	
NAME OF SCHOOL	CITY/STATE OF SCHOOL
RECEIVED <small>PLEASE CHECK ONE</small> <input type="checkbox"/> DIPLOMA <input type="checkbox"/> OTHER _____ <input type="checkbox"/> NONE	YOUR NAME WHILE ATTENDING SCHOOL IF DIFFERENT FROM THE APPLICATION

EDUCATION • COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL						
NAME OF SCHOOL	CITY, STATE	DATES OF ATTENDANCE (MONTH/YEAR) FROM/TO		CREDIT HOURS EARNED QTR/SEM	MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED

JOB RELATED TRAINING OR COURSE WORK • VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.							
NAME OF SCHOOL	CITY, STATE	DATES OF ATTENDANCE (MONTH/YEAR) FROM /TO		CREDIT HOURS EARNED QTR/SEM	COURSE OF STUDY	TRAINING COMPLETED	
						YES	NO

LICENSURE, REGISTRATION, CERTIFICATION				
NAME OF LICENSE, REGISTRATION OR CERTIFICATION	NUMBER	DATE RECEIVED	EXPIRATION DATE	STATE LICENSING AGENCY

PERSONAL REFERENCES • NOT RELATED TO YOU	
NAME	PHONE NUMBER
1.	
2.	
3.	

EMPLOYMENT HISTORY

Describe your work experience in detail, beginning with your current or most recent job. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets, using the same format as on the application. All information in this section must be completed. Resumes may be attached to provide additional information.

1. NAME OF PRESENT OR LAST EMPLOYER		
ADDRESS	PHONE NUMBER	
YOUR JOB TITLE	SUPERVISOR'S NAME	
WORK FROM (DATE) _____ TO (DATE) _____	MAY WE CONTACT YOUR PREVIOUS/PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	STARTING SALARY: _____ ENDING SALARY: _____
DUTIES	REASON FOR LEAVING	
_____	_____	
_____	_____	
2. NAME OF PRESENT OR LAST EMPLOYER		
ADDRESS	PHONE NUMBER	
YOUR JOB TITLE	SUPERVISOR'S NAME	
WORK FROM (DATE) _____ TO (DATE) _____	MAY WE CONTACT YOUR PREVIOUS/PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	STARTING SALARY: _____ ENDING SALARY: _____
DUTIES	REASON FOR LEAVING	
_____	_____	
_____	_____	
3. NAME OF PRESENT OR LAST EMPLOYER		
ADDRESS	PHONE NUMBER	
YOUR JOB TITLE	SUPERVISOR'S NAME	
WORK FROM (DATE) _____ TO (DATE) _____	MAY WE CONTACT YOUR PREVIOUS/PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	STARTING SALARY: _____ ENDING SALARY: _____
DUTIES	REASON FOR LEAVING	
_____	_____	
_____	_____	

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR FIRST DEGREE MISDEMEANOR? YES NO

IF "YES" WHAT CHARGES? _____

WHERE CONVICTED? _____ DATE OF CONVICTION _____

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME, WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? YES NO

IF "YES" WHAT CHARGES? _____

WHERE? _____ DATE _____

HAVE YOU EVER HAD THE ADJUDICATION OF A GUILT WITHHELD FOR A CRIME, WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? YES NO

IF "YES" WHAT CHARGES? _____

WHERE? _____ DATE _____

NOTE: A "YES" ANSWER TO THESE QUESTIONS WILL NOT AUTOMATICALLY EXEMPT YOU FROM EMPLOYMENT. THE NATURE, JOB-RELATEDNESS, SEVERITY AND DATE OF THE OFFENSE IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING ARE CONSIDERED.

CERTIFICATION BY APPLICANT

I hereby apply for a position with Gaubert Oil Company, Inc. and grant said company permission to contact any person, company or school herein or orally given as reference to request information regarding my application for employment. I release any such person, company or school from any and all liability on account of furnishing such information. I understand that my misrepresentation of the information provided herein shall constitute just cause for termination of employment without prior notice.

I understand that any employment pursuant to this application shall be subject to my passing the standard physical examination, which includes a drug screening urinalysis as a condition of final acceptance for employment. I further understand that such employment is subject to receiving and retaining any required security clearance.

I understand that any employment pursuant to this application is provided without any representation or commitment for unlimited employment.

Signature: _____ Date: _____