

EMPLOYMENT APPLICATION

PERSONAL

Last Name:	First Name:	MI:	SSN/DL#:
Present Address:			
Home Phone:	Mobile Number:	E-mail:	
Permanent Address, if different from above:			

If hired, can you provide proof that you are legally able to work in the United States? YES NO

List any relatives or friends employed by Fleming-Mason Energy: Relationship:

EMPLOYMENT

Position Desired:	Salary Desired:
What days and hours are you available for work?	
Are you available for overtime?	YES NO
Are you over 18 years of age?	YES NO
When are you available to begin work?	
Are you able to perform the essential functions of the job for which you are applying?	YES NO
<p><i>NOTE: Fleming-Mason Energy complies with the Americans with Disabilities Act and considers reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions.</i></p>	

SKILLS

What knowledge, special skills, and/or individual capabilities do you have which especially prepare you for the position applied for? _____

EDUCATION

	NAME & LOCATION	# YEARS COMPLETED	GRADUATED?	DEGREE/ DIPLOMA	MAJOR OR FIELD OF STUDY
HIGH SCHOOL/	_____		YES	_____	
TRADE	_____		NO	_____	
SCHOOL	_____				
BUSINESS/	_____		YES	_____	
TECHNICAL	_____		NO	_____	
SCHOOL	_____				
COLLEGE/	_____		YES	_____	
UNIVERSITY	_____		NO	_____	
OTHER	_____		YES	_____	
TRAINING	_____		NO	_____	
(EXPLAIN)	_____				

EMPLOYMENT HISTORY

Please account for all employments within the last seven (7) years, beginning with your current or most recent employer. In addition, please indicate any other experience which you believe is relevant to the position for which you are applying (e.g. volunteer experience, military service, experience gained over seven (7) years prior, etc.). Attach an additional sheet if extra space is needed.

EXPERIENCE

Company:	Telephone:
Address:	
Dates Employed:	
From:	To:
<p>Job Title: _____</p> <p>Supervisor: _____ Title: _____</p> <p>Job Duties: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
Current Employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
May we contact?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for leaving: _____	

EXPERIENCE

Company:	Telephone:
Address:	
Dates Employed:	
From:	To:
<p>Job Title: _____</p> <p>Supervisor: _____ Title: _____</p> <p>Job Duties: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
Current Employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
May we contact?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for leaving: _____	

EXPERIENCE

Company:	Telephone:
Address:	
Dates Employed:	
From:	To:
<p>Job Title: _____</p> <p>Supervisor: _____ Title: _____</p> <p>Job Duties: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
Current Employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
May we contact?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for leaving: _____	

EXPERIENCE

Company:	Telephone:
Address:	
Dates Employed:	
From:	To:
<p>Job Title: _____</p> <p>Supervisor: _____ Title: _____</p> <p>Job Duties: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
Current Employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
May we contact?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for leaving: _____	

PERSONAL REFERENCES

Name:	Address:	Telephone:
Name:	Address:	Telephone:
Name:	Address:	Telephone:

Please list at least two (2) persons NOT related to you who have known you for at least five (5) years.

This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue SW, Washington, DC 20250-9410, by fax at (202) 690-7442 or by email at program.intake@usda.gov.