



443 Main Street, Peckville, PA 18452
570-489-7690 ~ toll free 1-888-565-6645 ~ fax 570-383-4890

Employment Application

Last Name _____ First Name _____ Date _____

Street _____ City _____ State _____ Zip _____

Phone _____ Email _____

Date of Birth ___/___/___ Social Security Number _____

Have you ever applied for employment with us before *circle one* YES NO

Have you ever been convicted of a crime *circle one* YES NO & If yes, what _____

Position Desired _____

Pay Expected _____

Other Special Training or Skills _____

Will you work overtime if asked? _____

How did you learn about our organization? _____

When will you be available to begin work? _____

School Name and Location _____

Course of Study _____ Years Completed _____ Did You Graduate _____ Degree or Diploma _____

College _____

High School _____

Elementary _____

Other _____

EMPLOYMENT HISTORY

Company Name _____ Telephone _____

Address _____

Employed (Month and Yr.) from ___/___/___ to ___/___/___

Name of Supervisor _____

Weekly Pay Start \$ _____ Last \$ _____

State Job Title and Describe Your Work _____

Reason for Leaving _____

EMPLOYMENT HISTORY - continued

Company Name _____ Telephone _____

Address _____

Employed (Month and Yr.) from _____ / _____ to _____ / _____

Name of Supervisor _____

Weekly Pay Start \$ _____ Last \$ _____

State Job Title and Describe Your Work _____

Reason for Leaving _____

Days Available _____

Hours Available _____

EMPLOYMENT AGREEMENT

WE,I, DO HEREBY UNDERSTAND AND AGREE THAT AS A SERVICE STATION EMPLOYEE OF SANTARELLI & SONS, SANTARELLI'S MART I AM RESPONSIBLE AND ACCOUNTABLE FOR ALL MONETARY SHORTAGES WHICH ARE DISCOVERED TO HAVE OCCURRED DURING ANY OF MY WORK SHIFTS. I AGREE TO HAVE SANTARELLI & SONS/ SANTARELLI MART TO DO A BACKGROUND CHECK ON ME. FURTHERMORE, I HEREBY AUTHORIZE AND EMPOWER SANTARELLI & SONS/ SANTARELLI MART ITS OFFICERS AND AGENTS, TO DEDUCT ANY SHARE OF SUCH SHORTAGES WHICH MAY OCCUR DURING A WEEK FROM MY WEEKLY WAGES PAID BY SANTARELLI & SONS OIL CO., INC./ SANTARELLI MART.

Signature _____

Date _____

If applicant is a minor, parent/s signatures required

Parent Signature _____ (If under age 18)

Parent Signature _____ (If under age 18)

This form must be filled out completely and signed, before we can review this application.