



APPLICATION FOR EMPLOYMENT

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APPLICANT INFORMATION

Application Date: / /

*Social Sec #: *Driver License #: State: *Must provide copy at interview

Name:

Mailing Address/City/ST/Zip:

Residence Address/City/ST/Zip:

How long have you been at this address:

Home Phone: Cell Phone: Email Address:

Are you currently employed? Yes No Date eligible to start? / /

If employed, why are you looking for another position?

Have you ever worked for Edwards/Lucky Seven/Trimark or HoM Heating before? Yes No

If yes, when: / / Position held last: Rate of pay last:

Why did you leave?

How far do you live from the nearest Lucky Seven (if retail position applied for) or office (if warehouse, driver, office position)? MILES

What locations would be acceptable for you to report to work? Check all that apply:

- East Range: Hoyt Lakes, Aurora, Biwabik
- West Range: Grand Rapids, Swan River
- Central Range: Hibbing, Chisholm
- Ely-Tower
- Cook
- Twin Ports: Duluth-Superior
- Virginia

Do you have adequate transportation to work at the locations indicated above? Yes No

Do you have any friends or relatives currently working for Edwards/Lucky Seven/TriMark or Hom Heating presently at the locations indicated above?

Yes No Name:

Do you have the legal right to work in the United States? Yes No (You will need to provide Passport or Social Security Card & one other form of ID.)

We require a drug screening as a condition of employment for most jobs. Do you accept? Yes No

IN CASE OF EMERGENCY, NOTIFY: Relative/Other Spouse/Child Significant Other

Name: Cell Phone:

Work Phone: Home Phone: Email Address:

EDUCATION

High School (Name/Location/GPA)

Status: Still Enrolled Graduated GED

Honors/Sports/Extra-Curricular Activity:

Secondary (Name/Location)

Status: Still Enrolled Graduated # Years/Credits: GPA Achieved:

Major: Minor: Vocational Degree:

Honors/Sports/Extra-Curricular Activity:

Post-Secondary Degree or Other Advanced Degree:

PAST WORK EXPERIENCE CHECK ALL THAT APPLY.

Prior Retail Management Experience

Prior experience working with:

Cash Register Multi Line Phones Keyboarding (words per minute if tested) Ten Key

Accounting Software Name(s):

Software Trained in: A/Rec A/Payable Payroll Gen Ledger Sales Order Bank Reconciliation

Microsoft Excel Basic or equal: (Name)

Microsoft Excel Advanced or equal: (Name)

Microsoft Word or equal: (Name)

Safety Training: Hazmat MSHA Forklift CTEP Tanker Delivery CTEP Bob Tail Delivery CTEP Vapor Distribution

CTEP Appliance Installation CTEP Railcar Unloading Forklift Safety Training

Other Job Training (not listed previously):

Other Interests (not listed previously):

POSITION APPLYING FOR *(List all that you want consideration for)*

- Restaurant Line Cook: Do you have or had certification in food handling? Yes No
- Retail Food Server: Do you have or had certification in food handling? Yes No
- Retail Liquor Store/Liquor Server: Have or had Alcohol Safe Serve training? Yes No Are you 18 years of age or older? Yes No
- Retail Sporting Goods Only: What outdoor sports do you participate in personally? _____
- Retail Entry Level (CStore, Sporting, Liquor Store, Food Prep): Do you have or had certification in food handling? Yes No
Minimum age must be 18. Qualify? Yes No
- HVAC Technician: Do you have or had Freon Certification? Yes No Boilers License? Yes No Level attained: _____
- Auto/Truck/Trailer Equipment Mechanic: Investment in your tools? _____ *Please fill out page 4*
DOT Certified Inspector? Yes No
- Clerical/Bookkeeping: Where did you learn bookkeeping? _____ Years OJT? _____
- IT: Hardware/Software/Internet/Website: _____ List certifications: _____
- Warehousing: Have/had forklift training? Yes No Software Training: _____ License Type: CDL Class Auto/Pickup
- Warehouse Inside Sales Representative: Sales Order Software Training: _____ License Type: CDL Class Auto/Pickup
- Outside Sales Rep – Commercial: Sales Order Software Training: _____ License Type: CDL Class Auto/Pickup
- Outside Sales Rep – Residential: Sales Order Software Training: _____ License Type: CDL Class Auto/Pickup
- Tractor Trailer Driver: Class A required - do you have? Yes No *Please fill out page 4*
- Straight Truck Driver: Class B required - do you have Class A or Class B? Yes No *Please fill out page 4*
- Combo Driver (Tractor or Straight Truck): Class A required - do you have? Yes No *Please fill out page 4*

AVAILABILITY

- Shift Willing To Work: Any/All Day Shift Only Day/Afternoon Shift As Needed Midnight/Early Morning Shift As Needed
- Days Available To Work: All/Any Other (List): _____
- Hours Available To Work: Full Time (approx. 160/mo) Part Time (approx. 130/mo or less) Very Part Time (40-80/mo)
 Summer Employment (when school not in session) Extended Summer Employment (May-October)

Because we have a variety of positions and opportunities, what do you want to be doing in 5 years? Do you see any other positions of interest?

REFERENCES

Why should we hire you? _____

LAST THREE JOBS HELD (IF NOT APPLICABLE - WORK/SCHOOL REFERENCES ONLY PLEASE):

Name: _____

Address/City/ST/Zip: _____

Phone: _____

What did you do? _____

From: / / to: / / Supervisor/Reference: _____ Salary/Wage: _____

Reason for leaving: _____

Name: _____

Address/City/ST/Zip: _____

Phone: _____

What did you do? _____

From: / / to: / / Supervisor/Reference: _____ Salary/Wage: _____

Reason for leaving: _____

Name: _____

Address/City/ST/Zip: _____

Phone: _____

What did you do? _____

From: / / to: / / Supervisor/Reference: _____ Salary/Wage: _____

Reason for leaving: _____

MILITARY EXPERIENCE

Have you served in US Military? Yes No Dates: / / to: / / Branch: _____

Position (What You Did): _____

Rank Achieved: _____ Still Serving? Yes No Discharged-Honorable Discharged-Other Date: / /

Edwards Oil and its affiliated companies ("the Company") are an equal opportunity employer, and selects the best matched individual for the job based upon job related qualifications, regardless of marital status, status with regard to public assistance, race, color, creed, sex, national origin, age, handicap, religion or other protected groups under state, federal or local Equal Opportunity Laws.

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application or interview may be justification for refusal of, or if employed, termination from employment.
2. It is my understanding that the Company will make an investigation of my work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the Company and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. I agree that my employment may be terminated by the Company at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by management at any time, I agree to submit to search of my person or any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with the Company. I consent to take a medical examination by a qualified physician at the discretion of the Company.
4. I understand that in the event the Company advances me money or other items of value, or I otherwise become indebted financially to the company, I agree to repay the Company and also agree any wages due me upon termination may be offset by payroll deductions against any such monies due the company.
5. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory; overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.
6. I further understand that this is an application for employment and that no employment contract is being offered.
7. I understand that if I am employed, such employment is for no definite period of time and the Company can change wages, benefits and conditions at any time.
8. The company may ask or require personal background history after or during a pre-employment interview including but not limited to; criminal history, credit history, driving record, drug testing, previous employer history and interview.
9. I authorize Edwards Oil Inc. to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after an interview has been completed and a conditional offer of employment is being contemplated.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.
10. I have read and understand the above.

Signature: _____

Date: _____

APPLICANTS FOR DRIVING/MECHANIC POSITION – CONTINUE TO PAGE 4

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS APPLICATION.

COMMERCIAL DRIVING EXPERIENCE

Class A CDL (Tractor Trailer): Years Months Miles

Class A Requirements: 100,000 miles in tractor/trailer. Qualify? Yes No

Trailer Type: Tanker Propane Flat Van Reefer Side Dump End Dump Other:

Class B CDL (Straight Truck): Years Months Miles

Class B Requirements: 30,000 miles experience or driving school. Qualify? Yes No

Truck Type: Tankwagon Bobtail Dump Snowplow Box Truck Service Van Other:

CDL Endorsements: Tanker Air Brakes Hazmat TWIC Card MSHA/OSHA Others:

Current Driver Physical: Yes No Expires: / /

Were you subject to Federal Motor Carrier Safety Regulations while employed as a class A or B driver? Yes No

Was your job designated as a safety-sensitive function in any DOT regulated mode and subject to drug and alcohol testing? Yes No

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

If yes, explain:

Have you ever been disqualified to drive by state or federal regulation? Yes No

If yes, explain:

Have you ever had licence, permit or privilege suspended or revoked by state or federal regulations? Yes No

If yes, explain:

Are you able to enter Canada as a driver in a commercial vehicle? Yes No

ACCIDENT RECORD LIST MOST RECENT TO OLDEST

LAST Dates: / / Nature (head on, rear end, upset, etc.), explain:

Fatalities: Injuries:

2 Dates: / / Nature (head on, rear end, upset, etc.), explain:

Fatalities: Injuries:

3 Dates: / / Nature (head on, rear end, upset, etc.), explain:

Fatalities: Injuries:

4 Dates: / / Nature (head on, rear end, upset, etc.), explain:

Fatalities: Injuries:

MECHANICAL SKILLS CHECK WHAT BEST FITS YOUR SKILL SET-CROSS OFF TASKS THAT MAY NOT APPLY

None

Level 1: Minor and I can change tire, replace lights, replace wipers.

Level 2: Level 1 and oil change, adjust brakes.

Level 3: Level 2 and minor engine/drivetrain repair and brake replacement, airline replacement/repair airline glad-hands, rewire, pump repair/ replacement, air bag and suspension repair/replacement, other mechanical repair.

Level 4: Level 3 and major engine/drivetrain replacement.

By signing this document you acknowledge that you have read and understand the following statement(s).

I hereby certify that I have read and understand the driver provisions of the Commercial Motor Vehicle Safety act of 1985 which became effective July 1, 1987.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing. I understand a positive test for controlled substance based on the Urinalysis Test will medically disqualify me from the operation of a commercial vehicle for this company. The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis test results to be given to other parties. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that I may be immediately terminated if I have falsified any part of this application.

I authorize Edwards Oil Inc. to access the FMCSA Pre-Employment Screening Program (PSP) or other system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of the safety performance information including crash data from the previous five years and inspection history from the previous three years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signed By Applicant:

Date: