



APPLICATION FOR EMPLOYMENT

This company does not discriminate on the basis of race, religion, national origin, sex, age, marital or veteran status, disability or medical condition, or any other legally protected status.

PLEASE PRINT AND SUBMIT WITH ALL SECTIONS COMPLETED

Include a legible copy of a valid driver's license

Preliminary Information

LAST NAME	FIRST NAME	MIDDLE NAME	NICKNAME	
STREET ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NUMBER		SOCIAL SECURITY NUMBER		
CELL PHONE NUMBER		EMAIL ADDRESS		

How long at the above address? _____ If less than 5 years, list previous addresses:

ADDRESS	CITY/STATE	HOW LONG?
ADDRESS	CITY/STATE	HOW LONG?
ADDRESS	CITY/STATE	HOW LONG?

What position you are applying for? _____ What are your salary requirements? _____

Hours/period of time available to work (check one or more) Full time Part time Winter Summer Temporary

Are you over 17 years of age? Yes No (Certain positions are, by DOT regulations, not available to persons under 21 years of age.)

Have you ever been convicted of a felony? Yes (Give Details Below) No

(Such a conviction will not necessarily disqualify you for the position you are applying for.)

Do you have any relatives currently working for the company? Yes (Name & Location) _____ No

Are you a citizen of the USA? Yes No (Check One) Green Card Work Permit Other _____

Education (High School Diploma or GED Required)

HIGH SCHOOL - NAME AND ADDRESS	YEARS COMPLETED	DIPLOMA/GED	
TECHNICAL SCHOOL - NAME AND ADDRESS	COURSE OF STUDY	YRS. COMPLETED	DEGREE
COLLEGE - NAME AND ADDRESS	COURSE OF STUDY	YRS. COMPLETED	DEGREE

List specialized training, apprenticeships, study courses, seminars, industry classes, etc.

Future Education Plans _____
 WHERE? _____ WHEN? _____ WHAT COURSES? _____

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Employment History

List ALL previous employers including military services. If you need additional space, use a separate sheet of paper. Please list your present or most recent job first. If presently employed, may we contact your employer? Yes No

EMPLOYER	DATES EMPLOYED - FROM/TO	MAJOR RESPONSIBILITIES OR JOB FUNCTIONS
ADDRESS	WAGE/SALARY - STARTING/FINAL	
TELEPHONE NUMBER	JOB TITLE	SUPERVISOR

WHAT DID YOU LIKE MOST ABOUT THIS POSITION? LEAST?

EMPLOYER	DATES EMPLOYED - FROM/TO	MAJOR RESPONSIBILITIES OR JOB FUNCTIONS
ADDRESS	WAGE/SALARY - STARTING/FINAL	
TELEPHONE NUMBER	JOB TITLE	SUPERVISOR

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WHAT DID YOU LIKE MOST ABOUT THIS POSITION? LEAST?

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References

Please list any references you feel would be able to give information pertinent to this position. Please indicate whether you prefer these references to be contacted before or after your interview(s) with this company. Do not include previous employers or family members.

NAME _____ TELEPHONE _____

ADDRESS _____

NAME _____ TELEPHONE _____

ADDRESS _____

NAME _____ TELEPHONE _____

ADDRESS _____

Driving Record

This section must be completed by all driving applicants. All driving applicants must be 21 years or over, and meet all requirements prescribed by the Department of Transportation.

DRIVER'S LICENSES

State _____ License No. _____ Type _____ Exp. Date _____

State _____ License No. _____ Type _____ Exp. Date _____

State _____ License No. _____ Type _____ Exp. Date _____

DRIVING EXPERIENCE

	DATES - FROM/TO	APPROX. NO. MILES (TOTAL)	SAFE DRIVING AWARDS - WHEN/FROM WHOM
Straight Truck _____			
	DATES - FROM/TO	APPROX. NO. MILES (TOTAL)	
Tractor & Trailer _____			
	DATES - FROM/TO	APPROX. NO. MILES (TOTAL)	
Automobile _____			
Other _____			

DRIVING RECORD FOR PAST THREE YEARS (attach separate sheet, if necessary)

Please list any vehicular accidents, traffic convictions, and/or license forfeitures.

DATE	NATURE OF ACCIDENT/CHARGE	LOCATION/CITY	FATALITIES/INJURIES	CHARGE/PENALTY
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DATE	NATURE OF ACCIDENT/CHARGE	LOCATION/CITY	FATALITIES/INJURIES	CHARGE/PENALTY
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DATE	NATURE OF ACCIDENT/CHARGE	LOCATION/CITY	FATALITIES/INJURIES	CHARGE/PENALTY
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IMPORTANT NOTE TO APPLICANT: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities in such a job or occupation is available upon request. Yes No

Pre-Employment Statement

IF NOT SIGNED, THIS APPLICATION CANNOT BE CONSIDERED.

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, including an investigative consumer report.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applicants are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer, that as a condition of my employment, I will be required to sign a Confidentiality and Non-Solicitation Agreement or, if hired for a management level position, a Confidentiality, Goodwill, and Non-Solicitation Agreement, and that I will be subject to the Employer's pre-employment and random drug testing policy.

SIGNATURE OF APPLICANT

DATE

How did you hear about an opening with Blossman Gas & Appliance in your area? (Please check one)

- Referred by Company employee. Who? _____
- CareerBuilder.com
- CareersinGear.com
- Local Newspaper
- Other (Please explain) _____

PLEASE PRINT AND SUBMIT WITH ALL SECTIONS COMPLETED

**Blossman Gas, Inc.
Authorization to Release Information**

Your employment is provisional pending receipt of various reports, which relate to your fitness for duty. Company policy requires that a consumer credit report also be obtained on you.

Upon receipt of your written authorization, we will submit a request to Equifax Credit Information Services, Inc. and receive a report on you, which reflects your credit account trade line, file inquires about you, public record information, and employment information. This report will be reviewed for the purpose of satisfying pre-employment requirements and will be privately maintained in our permanent personnel files.

I hereby authorize Equifax Credit Information Services, Inc. to release a consumer credit report on me to –

Blossman Gas, Inc.
Attn: Payroll Department
P. O. Box 1110
Ocean Springs, MS 39566-1110

PRINT YOUR NAME HERE

SOCIAL SECURITY NUMBER

YOUR SIGNATURE HERE

DATE

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Investigative Consumer Report Disclosure

In connection with your employment or application for employment (including contract for services), an investigative consumer reports and consumer reports, which may contain public record information, may be requested from USIS Commercial Services ("USIS"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, drugs/alcohol use, information relating to your character, general reputation, personal characteristics, mode of living, education background, or any other information about you which may reflect upon your potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal record, etc., from federal, state and other agencies which maintain such records; as well as information from USIS concerning previous driving record requests made by others from such state agencies.

You have the right to receive, upon written request within a reasonable period of time, (not to exceed 30 days) a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to USIS, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that USIS has previously furnished within the two-year period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

Attached to this disclosure is a written summary of your rights under the Fair Credit Reporting Act (FCRA) as prepared by the Federal Trade Commission.

PRINT APPLICANT/EMPLOYEE FULL NAME

DATE

APPLICANT/EMPLOYEE SIGNATURE

NOTICE TO CALIFORNIA APPLICANTS

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at USIS in person, by mail, or by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box.
(California applicants only.)

PART I – DOT DRUG AND ALCOHOL RELEASE

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below to USIS for the sole purpose of transmitting such records to Blossman Gas, Inc. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a violation.

The information that I have authorized USIS to review involves tests required by DOT. If any carrier (company/school) listed below furnishes USIS with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the **three (3) year** period and the name and phone number of any substance abuse professional who evaluated me during the past **three (3) years**.

Company	City	State	Phone Number
_____	_____	_____	() -
_____	_____	_____	() -
_____	_____	_____	() -

(Attach additional forms for additional past employers. Attached documents must also include individual's signature.)

PRINT APPLICANT NAME _____ APPLICANT SIGNATURE _____

SOCIAL SECURITY NUMBER _____ DATE _____

PART II – INVESTIGATIVE CONSUMER REPORT RELEASE

Pursuant to the Investigative Consumer Report Disclosure previously delivered to me, I authorize USIS Commercial Services to prepare a consumer report or investigative consumer report about me for employment-related purposes. I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA). I hereby fully release and discharge USIS, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to USIS from all claims and damages arising out of or relating to any investigation of my background for employment purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

USIS is authorized to disclose all information obtained to Blossman Gas, Inc., for the purpose of making a determination as to my eligibility for employment, promotion or any other lawful purpose. I agree that such information which USIS has or obtains, and my employment history if I am hired, may be supplied by USIS to other companies that subscribe to USIS. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

- Oklahoma Applicants Only: I request a copy of any credit report requested on me.
- Minnesota Applicants Only: I request a copy of any consumer report requested on me.

This authorization does not apply to drug and alcohol information obtained under Part I.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

PRINT APPLICANT NAME _____ APPLICANT SIGNATURE _____

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other last names you have used: _____

List States & Counties of Residence for the past: 3 years 5 years 7 years 10 years (Attach a separate sheet if more space is needed.)

State _____ City/County _____ from Year _____ to Year _____

State _____ City/County _____ from Year _____ to Year _____

Home Address _____ City _____ State _____

Zip _____ Date of Birth _____ Sex (check one): Male Female

Driver's License No. _____ State Issuing License _____

Race: Asian Black Hispanic White Other _____

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - A person has taken adverse action against you because of information in your credit report;
 - You are the victim of identity theft and place a fraud alert in your file;
 - Your file contains inaccurate information as a result of fraud;
 - You are on public assistance;
 - You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on the information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

Type of Business	Contact
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 Phone: 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 Phone: 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington DC 20551 Phone: 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 Phone: 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 Phone: 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 Phone: 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 Phone: 202-366-1306
Activities subject to the Packers and Stockyards Act, 21921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 Phone: 202-720-7051