

Swan Fuel Service, Inc. 1615 East Mason Street Dansville, Michigan 48819 Phone: (517) 623-6006

Fax: (517) 623-6079

Date:			
Position Applying For:			
Name:			
Address:			
Telephone:			
Social Security Number:			
Have you applied here before? Yes	No		
If "Yes" give a date:			
Have you ever been employed here before?	Yes	No	
If "Yes" give a date:			
Are you employed now? Yes	No		
May we contact your present employer?	Yes	No	
Are you able to legally work in the United States	? Yes	No	
What hours are you available to work?	Full Time	Part Time	
Have you been convicted of a felony within the la	ast five years?	Yes	No
If "Yes" please explain:			
Are you a veteran of the of the U.S. Military?	Yes	No	
If "Yes" specify branch:			



Was your discharge anyth	ing other than honorable?	Yes	No
If "Yes" please explain:			
	High School	College/University	Graduate/Professional
School Name, Location	8 10 10 10		
Years Completed			
Diploma/Degree			
Describe course of study.			
Outline specialized training, apprenticeships, internships, skills, and extracurricular activities.			
Honors Received: State an If necessary, please use a s		ou feel may help us in co	nsidering your application.
List professional, trade bu	siness, or civic activities ar	nd offices held.	



Please list the name, address, and daytime telephone number of three references who are not related to you and are not previous employers.
Briefly summarize special skills and qualifications you have acquired from your employment or other experiences.
Have you ever been convicted of driving under the influence of drugs or alcohol?
If so, how many times?
Please check any of the following that you have right now:
TSA fingerprint approval
CDL License with X endorsement
Current DOT physical card
What if any experience do you have driving large, commercial vehicles and equipment?
Have you ever been trained on and driven any of the following vehicles:
Propane Truck
Fuel Oil Truck
Bulk Oil Truck
Tank Setting Truck
Skid Steer



Employment History

Please give an accurate, complete employment record, filling out all sections. Start with your present or last job.

Employer	Dates Employed	Work Preformed
Telephone Number		
Address	Hourly Rate/Salary	
Job Title		
Supervisor		
Reason for Leaving		
Employer	Dates Employed	Work Preformed
Telephone Number		
Address	Hourly Rate/Salary	
Job Title		
Supervisor		
Reason for Leaving		



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Supervisor		
Reason for Leaving		
If you need additional space, pleas	se continue on a separate sheet of p	aper.
This information provided in this any misstatement or omission of f speak with my references and pas	nployer to continue my employmen	n my dismissal. I authorize you to fer of employment does not create a
Date	Signature	