

Employment Application



Oklahoma Liquefied Gas
 3500 HWY 3N
 Seminole, Oklahoma
 USA
 74818-0112
 Phone: 405-382-3356
 Fax: 405-382-7389
 www.olgpropane.com

Date:

Name:

Address:

State/Province:

Zip/Postal Code:

SS Number:

Home Phone:

Cell Phone:

Positions Applied for:

Salary Desired:

Hours Available to Work:

Mon	<input type="text"/>
Tues	<input type="text"/>
Wed	<input type="text"/>
Thurs	<input type="text"/>
Fri	<input type="text"/>
Sat	<input type="text"/>
Sun	<input type="text"/>

Full-Time part-time Full or part-time

When available to begin work?

INSTRUCTIONS:

- 1) Print this form
- 2) Fill out this form
- 3) Fax this form to:

405-382-7389

OR:

Mail to:
 Oklahoma Liquefied Gas
 P.O. Box 112
 3500 HWY 3N
 Seminole, OK 74818-0112

Education

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>
College Bus. or Trade School	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional School	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever been convicted of a crime: yes no
 If yes, please explain

Do you have a drivers license? yes no

State of issue:

Have you had any accidents in the past 3 years? yes no

How many?

Do you had any moving violations in the past 3 years? yes no

How many?

Continue on the next page

Previous Employment (list up to 3)

1.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

2.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

3.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

Skills:

Typing:

Computer:

PC

Mac

Both

Applications (list all that apply):

Other Skills:

Please list 2 references other than relatives and previous employers

Name		
Position		
Company		
Telephone		

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying: