



## EDUCATION

	Please print name, city & state for each school listed	Did you graduate? (Circle one)	Diploma / Degree
HIGH SCHOOL		Yes      No	
COLLEGE		Yes      No	
OTHER		Yes      No	

## SPECIAL SKILLS AND QUALIFICATIONS

List applicable professional or technical licenses or certifications relative to the position for which you are applying.	List equipment, machinery, special skills and qualifications acquired from past employment experience.

## CERTIFICATION:      Read the following carefully.

As a condition of employment, I hereby voluntarily give my consent to this company and its designated agents to do urinalysis and /or blood testing for alcohol and / or controlled substances. Such testing may occur as a precondition to my being employed, on a random basis during my employment, or any time during my employment with this company when there is reasonable cause to believe that violations of the "Alcohol and Drug Abuse Guidelines" exists. I understand that refusal to submit to such testing will result in my termination.

As a condition of employment, I hereby voluntarily give my consent to this company and its designated agents to submit to a polygraph examination if requested to do so. I understand that refusal to submit to such an examination will result in my termination.

I understand that, if employed, my employment is for no fixed term. My employment may be discontinued, with or without notice, by me or this company, at any time. I understand that no employee, officer or agent of the company may bind it to anything contrary to the above by oral or printed statements, including hand books, benefit booklets, or other forms of communication.

I certify that the information provided by me on this application is correct. I understand that the furnishing of any misleading or incorrect information on this application or its attachments will be just cause for termination should I become employed at this company. I hereby give permission to the persons and companies named on this application and its attachments to provide any pertinent information to this company, or its duly authorized representative except where otherwise indicated. I release said parties from all liability for any damages resulting from issuance of such information.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## VOLUNTARY SURVEY

Government agencies at times require periodic reports on the sex, ethnicity, handicapped, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. SUBMISSION OF INFORMATION IS VOLUNTARY.

Check one:     Male       Female

Check one of the following:     White       Black       Hispanic

American Indian / Alaskan Native       Asian / Pacific Islander

Check if any of the following are applicable:     Vietnam Era Veteran       Disable Veteran

Handicapped Individual

## EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Include military service assignments.

1.	Past Employer	Job Title	Employment Dates From: _____ To: _____
	Telephone Numbers (     )     - (     )     -	Supervisor	Wage / Salary  Start: _____ Final: _____
	Address	Duties and Responsibilities	
		Reason for Leaving	
2.	Past Employer	Job Title	Employment Dates From: _____ To: _____
	Telephone Numbers (     )     - (     )     -	Supervisor	Wage / Salary  Start: _____ Final: _____
	Address	Duties and Responsibilities	
		Reason for Leaving	
3.	Past Employer	Job Title	Employment Dates From: _____ To: _____
	Telephone Numbers (     )     - (     )     -	Supervisor	Wage / Salary  Start: _____ Final: _____
	Address	Duties and Responsibilities	
		Reason for Leaving	

## REFERENCE CHECK

Hiring Manager, be sure to record the following obtained from the reference call.

1.	Company Contacted	Person Contacted	Date of Contact
	Dates of Employment From: _____ To: _____	Position Held	Comment
<p>Would you rehire? <input type="checkbox"/> Yes     <input type="checkbox"/> No</p> <p>Reason for Leaving: _____</p> <p>Reference check performed by: _____ Title: _____</p>			
2.	Company Contacted	Person Contacted	Date of Contact
	Dates of Employment From: _____ To: _____	Position Held	Comment
<p>Would you rehire? <input type="checkbox"/> Yes     <input type="checkbox"/> No</p> <p>Reason for Leaving: _____</p> <p>Reference check performed by: _____ Title: _____</p>			
3.	Company Contacted	Person Contacted	Date of Contact
	Dates of Employment From: _____ To: _____	Position Held	Comment
<p>Would you rehire? <input type="checkbox"/> Yes     <input type="checkbox"/> No</p> <p>Reason for Leaving: _____</p> <p>Reference check performed by: _____ Title: _____</p>			

**FOR OFFICE USE ONLY: Applicant – do not write below this line.**

No position available

Not qualified

Considered – interviewed

Offer extended & refused

Date: \_\_\_\_\_ With whom: \_\_\_\_\_

Hired: First Day to work: \_\_\_\_\_

Considered – not interviewed

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Job Title: \_\_\_\_\_

Hourly Rate/Salary: \_\_\_\_\_

Department: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

NAME AND TITLE

**Interviewer Name and Comments**

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N  
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S

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