



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer dedicated to a policy of non-discrimination in employment on the basis of race, religion, color, sex (including pregnancy), sexual orientation, national origin, age, marital or veterans' status, citizenship, physical or mental disability that does not prohibit performance of essential job functions or any other basis protected by federal or applicable state or local law.

PERSONAL INFORMATION

Date _____ SOCIAL SECURITY NO. _____

NAME _____
 Last First Middle

ADDRESS _____
 Street Apartment No.

_____ City State Zip Code

Phone _____ Email _____

WORK INTEREST INFORMATION

How were you referred to Burch Oil Co., Inc.? _____

What job or type of job are you interested in? _____

Are you interested in _____ Full Time, _____ Part Time, or _____ Temporary Work?

When are you available to begin work? _____ Expected Wage/Salary \$ _____ per _____

Can you work overtime? _____ Yes _____ No

FOR DAIRY QUEEN: Can you work any shift? If NO, _____ Yes _____ No

please check which shifts you are available for:

	Morning	Afternoon	Evening
<input type="checkbox"/> Monday - Friday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Weekends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Holidays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Explain: _____

GENERAL INFORMATION

Are you at least 18 years of age? _____ Yes _____ No

If not, please indicate your age: _____

Are you lawfully authorized to work in U.S.? _____ Yes _____ No

Have you ever applied for employment with or been employed by Burch Oil Co., Inc.? _____ Yes _____ No

If yes, Date(s) applied _____

If yes, Dates employed from _____ to _____

Position/Title _____

Why did you leave? _____

EDUCATION

Type of School	Name of School	Courses Majored In	Last Year Completed	Graduate? Degrees Recv'd
High School			1 2 3 4	___Yes ___No
College			1 2 3 4	___Yes ___No ___Degree
Post Graduate			1 2 3 4	___Yes ___No ___Degree
Technical and Other				___Yes ___No ___Degree/Cert

List any other training, education, or activities that may be relevant to the position for which you are applying. _____

SPECIAL KNOWLEDGE AND SKILLS

List your special knowledge and skills, and any equipment and machinery that you can operate. _____

EMPLOYMENT HISTORY

Please include all employment for the last ten years (List current or most recent employment first and work back in time)

Employer _____ Phone (_____) _____

Address _____

Dates of employment (month/year) From _____ to _____ Wages/Salary _____

Job title and description of duties _____

Supervisor _____ Hours Worked Per Week _____

Reason for leaving or why you want to change jobs: _____

Employer _____ Phone (_____) _____

Address _____

Dates of employment (month/year) From _____ to _____ Wages/Salary _____

Job title and description of duties _____

Supervisor _____ Hours Worked Per Week _____

Reason for leaving: _____

Employer _____ Phone (_____) _____
Address _____
Dates of employment (month/year) From _____ to _____ Wages/Salary _____
Job title and description of duties _____
Supervisor _____ Hours Worked Per Week _____
Reason for leaving: _____

Use a separate sheet to list additional employers, if necessary. We may contact employers you list unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

Employer's Name	Reason
_____	_____
_____	_____

May we contact anyone at your current employer including HR or current supervisor? Yes No

If no, is there a reference at your current employer we may contact?

Reference Name _____ Phone (_____) _____

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

Applicant's Signature

PLEASE REVIEW THE APPLICATION CAREFULLY. WE WILL NOT CONSIDER THIS APPLICATION IF NOT COMPLETED IN FULL OR IF UNREQUESTED INFORMATION HAS BEEN PROVIDED.

PLEASE READ THE FOLLOWING, AND SIGN THE APPLICATION IN THE SPACES PROVIDED BELOW. IF YOU HAVE ANY QUESTIONS, PLEASE SPEAK WITH THE HUMAN RESOURCES REPRESENTATIVE BEFORE SIGNING.

I understand that employment by Burch Oil Co., Inc., and any of its subsidiaries or divisions Burch Oil Co., Inc., is "at will." This means that the employment relationship can be ended by me or by Burch Oil Co., Inc., any time for any reason with or without advanced notice and for any reason or no reason. It also means that Burch Oil Co., Inc., may revise, and make exceptions to its policies, practices, handbooks, manuals, rules, procedures and regulations, in whole or in part, at any time. I further understand that acceptance of an offer of employment does not create a contractual obligation upon Burch Oil Co., Inc., to continue to employ me in the future or for any specific term.

I understand that any offer of employment with Burch Oil Co., Inc., may be conditioned upon my successful completion of a physical examination, drug/alcohol screening, background and reference checks.

If employed by Burch Oil Co., Inc., I agree to comply with all safety and health rules, company policies and procedures, and local, state and federal laws pertaining to my employment.

I have reviewed this application carefully and I hereby affirm that my statements and answers to all questions on this application are true and correct, and that I have not knowingly withheld any fact or circumstance, which if disclosed, would affect my application unfavorably. I understand that any misstatement, omission of fact, or provision of unrequested information on this application may result my application not being considered, and, if employed, may result in my immediate dismissal.

I HAVE READ AND AGREE TO THE ABOVE TERMS AND CONDITIONS.

Applicant's Signature

Date

FAIR CREDIT REPORTING ACT CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT DISCLOSURE & AUTHORIZATION FORM

Disclosure

Burch Oil Co., Inc. ("The Company"), when considering your application for employment, when making a decision whether to offer you employment, when deciding whether to continue your employment (if you are hired), when investigating allegations of misconduct and when making other employment-related decisions directly affecting you, may wish to obtain and use a consumer report from a consumer reporting agency. The Company may also seek an investigative consumer report, which contains information about your character, general reputation, personal characteristics and mode of living. These terms are defined in the Fair Credit Reporting Act (the "FCRA"), which applies to you. As an applicant for employment or an employee of the Company you are considered to be a consumer with rights under the FCRA.

If the Company obtains a consumer report or an investigative consumer report about you from a consumer reporting agency, and if the Company considers any information in such report(s) when making an employment-related decision that directly and adversely affects you, then you will be provided with a copy of such report(s) before the decision is finalized. Also, if the Company obtains an investigative consumer report, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation and a written summary of your rights under the Fair Credit Reporting Act. You also may contact the Federal Trade Commission about your rights under the FCRA as a consumer with regard to consumer reports, investigative consumer reports, and consumer reporting agencies.

Authorization

By signing below, I, _____, hereby voluntarily authorize the Company to obtain a consumer report about me from a consumer reporting agency at any time, or a consumer investigative report within three days of this consent, and to consider the same when making decisions regarding my employment or potential employment with the Company. I understand the three day consent period may be waived for investigations of suspected workplace misconduct. I understand that I have rights under the FCRA, including the rights discussed above.

Applicant/Employee's Signature

Date

Witness' Signature

Date