



**APPLICATION FOR A CUSTOMER SERVICE & OFFICE SUPPORT REPRESENTATIVE**

Name: \_\_\_\_\_  
First Middle Last

Present Address: \_\_\_\_\_

How long at present address: \_\_\_\_\_ If less than 5 years provide past address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_ @ \_\_\_\_\_. \_\_\_\_\_

Social Security Number or Fed Id: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Are you at least 18 years old:  Yes  No  
 Are you legally able to work in the United States:  Yes  No Are you able to lift 20+ lbs:  Yes  No  
 Have you ever served in the United States Armed Forces:  Yes  No Are you a Veteran:  Yes  No  
 Have you ever been convicted of a felony:  Yes  No If yes, explanation and date(s): \_\_\_\_\_

EDUCATION	Name & Location	Degree Earned or # of years completed	Major
High School			
College			
Specialized Training/ Trade School			
Other Courses Or Certificates			

Emergency Contact: \_\_\_\_\_  
Name Address Phone Number

Emergency Contact: \_\_\_\_\_  
Name Address Phone Number



**PREVIOUS EMPLOYMENT HISTORY** (list from most recent to least recent)

Employer: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ until \_\_\_\_\_ Ending Wage: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Most Liked Aspect of this Job: \_\_\_\_\_

Most Disliked Aspect of this Job: \_\_\_\_\_

Employer: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ until \_\_\_\_\_ Ending Wage: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Most Liked Aspect of this Job: \_\_\_\_\_

Most Disliked Aspect of this Job: \_\_\_\_\_

Employer: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ until \_\_\_\_\_ Ending Wage: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Most Liked Aspect of this Job: \_\_\_\_\_

Most Disliked Aspect of this Job: \_\_\_\_\_

IT IS OUR POLICY TO CHECK EACH CANDIDTATE’S BACKGROUND THOROUGHLY.

The facts set forth in this application with Schauls Gas Inc. are true and accurate. I understand that any materials omission or misrepresentation may result in refusal and/or separation form employment. I hereby authorize Schauls Gas Inc. to make any investigation of my background deemed necessary. This can include contacting personal references including, but not limited to, those listed on the application; contacting past employers at a tune which would not jeopardize current employment; and confirming any other information listed. I have no objection to taking a medical examination by a physician designated by Schauls Gas Inc. and understand and agree that such medical examination will included a substance screening test. If hired I agree to conform to Schauls Gas Inc.’s rules and regulations and I understand and agree that my employment and compensation can be terminated with or without cause and with or without notice of any time at the option of Schauls Gas Inc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date