



300 High Street  
Winchendon, MA 01475  
800.359.4802  
info@oppureoil.com

## APPLICATION FOR EMPLOYMENT

*Please print or type all information except signature.*

Non-Discrimination Policy: Oppure Oil, LLC is committed to the principle of equal opportunity employment. Oppure Oil, LLC does not discriminate on the basis of sex, race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability in admission to, access to, treatment in, or employment in its programs and activities.

### GENERAL INFORMATION

Date \_\_\_\_\_

Position(s) Applied For (1) \_\_\_\_\_

(2) \_\_\_\_\_

Referral Source  Newspaper  Friend  Relative  Employment Agency  HigherEdJobs.com

Internet Search  Professional Journal  Walk-in  Other

Name \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_

Number

Street

City

State

Zip

Home Telephone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

If under 18, can you provide a work permit?  Yes  No

Have you ever filed an application here before?  Yes  No If yes, give date \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

If yes, may we contact your employer?  Yes  No

Are you a United States citizen?  Yes  No If no, do you have a valid work permit?  Yes  No

(Proof of citizenship or immigration status may be required upon employment)

Employment desired:  Full-Time  Part-Time  Shift Work  Temporary  Overtime

When are you available for work? \_\_\_\_\_

Are you on a lay-off and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No



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<b>EDUCATION</b>				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Graduate School				
Bus. or Trade School				
Professional School				
Special Honors				

**COMPUTER SKILLS (Only for positions which require computer skills)**

Check off those computer skills with which you are proficient (any version).

PC User     
  Macintosh User     
  Windows     
  Microsoft Word     
  Microsoft Access

Microsoft Excel     
  Microsoft Publisher     
  Web Page Design/  
Maintenance     
  E-mail     
  Internet

Other. Please list \_\_\_\_\_

**DRIVER'S LICENSE (Only for positions which require driving)**

Do you have a driver's license?       Yes     No

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_   
  Operator     Commercial (CDL)     Chauffeur

Expiration date \_\_\_\_\_

Have you had any accidents during the past three years?  Yes     No      How many? \_\_\_\_\_

Have you had any moving violations during the past three years  Yes  No      How many? \_\_\_\_\_



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**MILITARY**

Are you a veteran of the United States military service?     Yes     No    If yes, what branch? \_\_\_\_\_

If yes, Date Entered \_\_\_\_\_      Date Discharged \_\_\_\_\_

If yes, please describe any special skills or training acquired while in the service:  
 \_\_\_\_\_

**OTHER SPECIAL SKILLS**

Please list other special skills you may have, e.g., fluency in other languages, licenses, special training required for the position for which you are applying, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE**

Please list your work experience beginning with your most recent job. If you were self-employed, give firm name. Attach additional sheets if necessary. Exclude organization names which indicate race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability.

<b>Most Recent Employer</b>	Dates Employed	Work Performed
	From:	
	To:	
Address	Supervisor	
Job Title	Reason for Leaving	



## APPLICATION FOR EMPLOYMENT

Employer	Dates Employed  From:  To:	
Address	Supervisor	
Job Title	Reason for Leaving	

Employer	Dates Employed  From:  To:	
Address	Supervisor	
Job Title	Reason for Leaving	

Employer	Dates Employed  From:  To:	
Address	Supervisor	
Job Title	Reason for Leaving	



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### REFERENCES

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_



## APPLICATION FOR EMPLOYMENT

### WAIVERS AND DISCLOSURES

Please read each section carefully and sign where indicated.

#### AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

#### CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

#### NOTIFICATION AND AUTHORIZATION TO REQUIRE A MEDICAL EXAMINATION

I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to do the job. I understand that I may also be required to undergo a pre-employment or post-employment medical exam by the University's designated health practitioner.

#### NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

I understand that I may be subject to a background check, and hereby authorize Justifacts Credential Verification, Inc. as an Agent for Western New England University, to investigate my background to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records and credit history through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired.

#### MASSACHUSETTS LAW

Under Massachusetts Law, it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

PLEASE SIGN HERE: \_\_\_\_\_ Date \_\_\_\_\_

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The following person has been designated to handle inquiries regarding the Oppure Oil, LLC's nondiscrimination policies: Owner and General Manager Michael Hatzopoulos P.O. Box 680 Westminster, MA 01473. Inquiries concerning the application of nondiscrimination policies may be also referred to: Office for Civil Rights, Boston Office, U.S. Department of Education, 33 Arch Street, Suite 900 Boston, MA 02110 (617) 289-0111 FAX# (617) 289-0150; TDD (617) 223-9695 or at [www.ed.gov](http://www.ed.gov).



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### APPLICATION DATA RECORD

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Solely to help us comply with government record keeping, reporting, and other legal requirements, please fill out the Application Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

Positions(s) applied for: \_\_\_\_\_

Referral Source  Newspaper  Friend  Relative  Employment Agency

HigherEdJobs.com

Internet Search  Professional Journal  Walk-in

Other \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Maiden

Address \_\_\_\_\_

—

Number

Street

City

State

Zip

Telephone (\_\_\_\_) \_\_\_\_\_

Affirmative Action Survey	Check one	Check one	Check any that apply
Government agencies require periodic reports on the sex, ethnicity, disability, and veteran status of applicants. Submission of information about a disability is	<input type="checkbox"/> Male  <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> Disabled <input type="checkbox"/> Vietnam Era Veteran <input checked="" type="checkbox"/> Disabled Veteran



## APPLICATION FOR EMPLOYMENT

**Special Employment Notice to disabled veterans, Vietnam Era veterans, and individuals with a physical or mental disability.**

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled individuals.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below:

Disabled individual     Disabled Veteran     Vietnam Era Veteran

Signature: \_\_\_\_\_

Date \_\_\_\_\_