



Location: _____

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

The Law prohibits discrimination in employment because of sex, race, color, age, religion, national origin, disability or veteran status.

PERSONAL

Date: _____

LAST NAME		FIRST	MIDDLE	SOCIAL SECURITY NUMBER	
HOME STREET ADDRESS				HOME PHONE NO.	
CITY		STATE	ZIP	LENGTH OF TIME AT PRESENT ADDRESS:	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	If under 18, can you furnish a work permit?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If hired, can you provide proof of eligibility to be employed in the United States?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you have a valid driver's license in this state?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you able to perform the duties and functions of the job for which you are applying, with or without reasonable accommodation?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you ever applied for a position or been employed by Nouria Energy? If so, when, where and why you left.			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you have any relatives employed by El Nemr Enterprises? If so, please name:			

POSITION

Position applied for:			Pay desired:		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you available for work on a full time basis?	If no, number of hours per week you can work?		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Will you work overtime if asked?			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Will you work shift work if asked?	Date available for work		
How did you learn about our company? <input type="checkbox"/> Store Ad <input type="checkbox"/> Newspaper <input type="checkbox"/> State Employment Office <input type="checkbox"/> Employee <input type="checkbox"/> Other					

EDUCATION

High School Name and Location	Did you graduate <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GED	Degree or equivalent received:
College or University		
Other (Trade or Vocational Schools, etc.)		
Special Skills or Training (Languages, Equipment, etc.)		

MILITARY

Branch of Service:	Period of Active Duty: From: _____ To: _____	Rank at Discharge:
Describe Duties or Training:		

EXPERIENCE (List employment history for at least the last three jobs held, beginning with present or most recent employer.)

Company Name	Dates of Employment (Mo. Yr.) From: _____ To: _____	Eligible for Rehire? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Address	City	State	Zip
Last Position Held	Supervisor	Supervisors Phone #	Last Salary (Mo./Wk.)
Reason for Leaving:			

IMPORTANT QUESTIONS/HOURS AVAILABLE TO WORK

NAME: _____

1. We may in the near future require drug testing; If offered a position, would you be willing to submit to a test for the use of illegal drugs?
YES _____ NO _____

2. If offered a position, would you be willing to consent to a criminal background check?
YES _____ NO _____

3. With or without reasonable accommodation, are you willing and able to lift and move merchandise weighing up to 50 pounds to stock shelves and coolers?
YES _____ NO _____

4. Do you meet the state age requirements for employment?
YES _____ NO _____

5. Our locations are non-smoking, if you smoke, are you willing to only smoke in the designated smoking area on designated breaks?
YES _____ NO _____

6. If offered a position, would you be willing to comply with the company dress code guidelines?
YES _____ NO _____

7. If offered a position, would you be willing to work at other Nouria Energy locations?
YES _____ NO _____

Hours I Can Work

Please list the hours you are available to work, including any partial times or days.

MONDAY: _____
TUESDAY: _____
WEDNESDAY: _____
THURSDAY: _____
FRIDAY: _____
SATURDAY: _____
SUNDAY: _____

We are a twenty-four hour facility and operate seven days per week: Are there any holidays you cannot work?

Do you have any plans to be away from work with the next 90 days, (vacations, leaves, etc.)? _____

THIS SCHEDULE WILL GO IN MY PERSONNEL FILE TO VERIFY HOURS AND DAYS I CAN WORK.

DATE: _____

EMPLOYEE SIGNATURE: _____

Please answer the following questions:

- 1) What type of job are you interested in?

2) What Town/City are you interested in working in?

Please forward you application and resume to:

Fax – (508) 793-9827

Email – HR@nouriaenergy.com

