

# EMPLOYMENT QUESTIONNAIRE

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

\_\_\_\_\_  
Social Security Number

**Ed Staub & Sons Petroleum, Inc.**  
**Fast Break, Inc.**  
**Fast Break of Oregon, LLC**

## ■ An Equal Opportunity Employer

We do not discriminate on the basis of race, religion, color, national origin, ancestry, sex, sexual orientation, age, physical or mental disability, medical condition as defined under California law, marital status, gender identity, workers' compensation or veteran status or any other reason prohibited by applicable nondiscrimination law. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job related factors. Any person needing reasonable accommodation in the application process should contact Human Resources.

## ■ Instructions

Each question should be fully and accurately answered. No action can be taken on this questionnaire until all questions have been answered. Use blank paper if you do not have enough room.

PLEASE PRINT, except for signature on back.

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\_\_\_\_\_  
Present Street Address City State Zip

\_\_\_\_\_  
Telephone Number Message Number How long have you lived here?

\_\_\_\_\_  
Mailing Address if Different City State Zip

\_\_\_\_\_  
Previous Address How long did you live there?

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## Career Interest

■ Position applied for 1. \_\_\_\_\_ 2. \_\_\_\_\_

■ How were you referred to this company? \_\_\_\_\_

■ Are you seeking: ☐ Full time ☐ Part Time ☐ Temporary or summer employment? \_\_\_\_\_

■ Are you willing to travel? ☐ Yes ☐ No If yes, what percentage of the time \_\_\_\_\_%

■ When are you available to start work? \_\_\_\_\_ Salary requested \_\_\_\_\_

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## Education

High School or GED \_\_\_\_\_

College or University \_\_\_\_\_

College Major \_\_\_\_\_ Minor \_\_\_\_\_ Degree \_\_\_\_\_

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## Education cont.

Additional Education and/or Vocational Training or Technical Training Information	Field of Study	Courses Completed	Certificate Taken	Date of Leaving
School:				
School:				

■ Are you currently enrolled? ☐ Yes ☐ No Expected date of completion \_\_\_\_\_ Total Years of Education \_\_\_\_\_

■ Professional Licenses: 1. \_\_\_\_\_ 2. \_\_\_\_\_

■ Please list any other skills or certifications which are pertinent to this position \_\_\_\_\_

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## General

■ Have you ever been employed by this company before? ☐ Yes ☐ No If so, when \_\_\_\_\_ location \_\_\_\_\_

■ Do you have any relatives employed by this company? ☐ Yes ☐ No If so, when \_\_\_\_\_ location \_\_\_\_\_

If so, please state their name and relationship. \_\_\_\_\_

■ Can you perform the essential functions of the job for which you are applying with reasonable or no accommodation? ☐ Yes ☐ No

■ Are you 18 years of age or older? ☐ Yes ☐ No

■ If you are hired, can you provide proof that you are authorized to work in the United States on an unrestricted basis? ☐ Yes ☐ No

(The Federal Immigration Reform and Control Act requires individuals to provide to an employer documented proof that they are authorized to work in the United States. The proof must be provided within three business days after the date of hire.)

■ For Driving Jobs Only:

Do you have a valid driver's license? ☐ Yes ☐ No Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

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## References

■ Give three work references (preferably that you have known for at least one year) that we may contact.

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Phone \_\_\_\_\_ Occupation \_\_\_\_\_

## Work History

List name of employers in consecutive order with present or most recent employer listed first. Please indicate employers you would not wish to be contacted. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. PLEASE GIVE MONTH AND YEAR.

Name of Employer _____	Name of last Supervisor _____
Address _____ Telephone _____	Employed from _____ to _____
City _____ State _____ Zip _____	
Your Job Title _____	
Duties _____	
_____	
_____	
Reason for leaving (be specific) _____	

Name of Employer _____	Name of last Supervisor _____
Address _____ Telephone _____	Employed from _____ to _____
City _____ State _____ Zip _____	
Your Job Title _____	
Duties _____	
_____	
_____	
Reason for leaving (be specific) _____	

Name of Employer _____	Name of last Supervisor _____
Address _____ Telephone _____	Employed from _____ to _____
City _____ State _____ Zip _____	
Your Job Title _____	
Duties _____	
_____	
_____	
Reason for leaving (be specific) _____	

Please list gaps in employment:

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason: \_\_\_\_\_

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## PLEASE READ, INITIAL EACH STATEMENT, AND SIGN YOUR NAME

1. If I am employed by the Company, I will comply with all work-related requirements. \_\_\_\_\_
2. I certify that all my answers to questions in this application and all additional information I may have submitted are true and complete to the best of my knowledge. I understand that giving false information, misrepresenting facts, and material omissions may be grounds for denial of employment or discharge if hired. \_\_\_\_\_
3. I understand that if hired, I will be an "at-will" employee and agree my employment relationship may be terminated at any time, for any or no reason, with or without notice and with or without cause by the company or by me. I further understand that although other terms and conditions of employment may change, this at-will employment relationship will remain in effect throughout employment with the Company unless it is specifically modified by an express written employment agreement executed by the President of the Company and me. This at-will employment relationship may not be modified by any oral or implied agreement or by a person, statement, act, series of events or pattern of conduct. \_\_\_\_\_
4. I authorize investigation of all information provided during the application process and any references to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release from all liability or responsibility this company, its agents and all persons, companies or corporations providing information to the company about me. \_\_\_\_\_
5. To the extent permitted by applicable law, I understand that the Company reserves the right to conduct pre-employment, random, or reasonable suspicion drug testing and reasonable suspicion alcohol testing of its employees and I hereby consent to such permitted testing. \_\_\_\_\_
6. I understand proof of identity as well as eligibility to work in the United States must be provided by me and copies of such documents will be retained by Ed Staub & Sons Petroleum, Inc, Fast Break, Inc or Fast Break of Oregon, LLC. Falsification of these documents will be grounds for immediate termination. \_\_\_\_\_
7. I hereby acknowledge that I have read and understand the above statements \_\_\_\_\_

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Applicant's Signature

Date

### CONSENT FOR PRE-EMPLOYMENT DRUG TESTING OF APPLICANT

I understand, as a precondition for my employment, that if offered a position I am required to submit to a test to detect drug usage. I further understand that if I give my consent to submit to such drug testing, the test results and other relevant medical information will be released to persons authorized by the Company for appropriate review and response. I agree to all release of such information.

☐ I DO consent to pre-employment testing

☐ I DO NOT consent to such pre-employment testing and understand that my refusal to consent means the no drug testing will be performed and my application will be rejected.

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Applicant's Signature

Date

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