



APPLICATION FOR EMPLOYMENT

**QUALIFIED APPLICANTS ARE CONSIDERED FOR
EMPLOYMENT WITHOUT REGARD TO RACE, COLOR,
RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL
STATUS, OR THE PRESENCE OF A NON-JOB-RELATED
MEDICAL CONDITION OR HANDICAP.**

Roadrunner fuels
P. O. BOX 100
AZTEC, NM 87410

Position applied for: _____ Date of application: _____

PERSONAL

PLEASE PRINT YOUR NAME LEGIBLY AND AS IT APPEARS ON YOUR SOCIAL SECURITY CARD

Name: _____

Last
First
Middle

Date of birth: _____ Are you over 18 years of age? _____

Have you been employed or educated under any other name? () Yes () No

If yes, what name: _____

Present address: _____

Number
Street
City
State
Zip

Mailing address if different from above: _____

P. O. Box
City
State
Zip

Home phone number: () _____ Message Phone () _____

Do you have a valid driver's license? () Yes () No

Issuing state and number : _____ Class _____

Can you, after employment, submit verification of your legal right to work in the United States? () Yes () No

Have you previously been employed by Roadrunner Fuel? () Yes () No

When? _____

List names and addresses of persons to be notified in case of emergency.

Name Address Phone

Name Address Phone

EDUCATION

Circle highest level of education: 8 9 10 11 12 13 14 15 16

List any vocational or trade schools attended, and give dates of attendance and any diplomas or certificates awarded

EMPLOYMENT EXPERIENCE

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT BEGINNING WITH YOUR MOST RECENT. IF YOU HELD MORE THAN ONE POSITION WITH THE SAME EMPLOYER, PLEASE LIST EACH POSITION SEPARATELY.

| | | | | |
|-----------|--------------------|---------------------------|------------|----------------|
| 1. | Employer | From (mo/yr) | To (mo/yr) | Work Performed |
| | Address | | | |
| | Job Title | <u>Hourly Rate/Salary</u> | | |
| | Supervisor | Starting | Final | |
| | Reason for Leaving | Employer Phone # | | |

| | | | | |
|-----------|--------------------|---------------------------|------------|----------------|
| 2. | Employer | From (mo/yr) | To (mo/yr) | Work Performed |
| | Address | | | |
| | Job Title | <u>Hourly Rate/Salary</u> | | |
| | Supervisor | Starting | Final | |
| | Reason for Leaving | Employer Phone # | | |

| | | | | |
|-----------|--------------------|---------------------------|------------|----------------|
| 3. | Employer | From (mo/yr) | To (mo/yr) | Work Performed |
| | Address | | | |
| | Job Title | <u>Hourly Rate/Salary</u> | | |
| | Supervisor | Starting | Final | |
| | Reason for Leaving | Employer Phone # | | |

If you need additional space, please continue on back of application.

In the space below indicate any previous or current employer you do not wish us to contact. Be specific.

REVIEW THE FOLLOWING JOB DESCRIPTIONS AND ESSENTIAL JOB FUNCTIONS FOR POSITION(S) FOR WHICH YOU ARE APPLYING AND ANSWER THE QUESTIONS THAT FOLLOW.

The essential functions of these positions include, but may not be limited to, those listed below. The Employer retains the discretion to modify the duties of the position at any time. All clerical employees are required to be able to:

Be physically and mentally alert.

Always have complete body control.

Read and write English.

Perform all tasks normally assigned.

Communicate verbally with others in the normal performance of the job.

Communicate over and use the telephone.

Must obtaining an Lp-9 license within 90 days of hire

Be able to lift 50 lbs or more

Stand for long periods of time

Must be able to pass drug test (we do pre-employment and random)

Do you have the ability to perform the essential functions of this position with or without a reasonable accommodation? _____

If no, please state which essential function(s) you are unable to perform with or without a reasonable accommodation:

If you are requesting an accommodation, please describe the accommodation requested:

Can you meet the attendance requirements for this position? _____

How many days were you absent from your last job in each calendar year?

Applicant Acknowledgement

I acknowledge and consent to the following:

1. The answers in this Application for Employment are true and correct.
2. I understand that employment with Roadrunner Fuel is “at will,” which means that either the company or I may terminate the employment relationship at any time and for any reason. I further understand that employment at Roadrunner Fuel does not mean that I am guaranteed a job for a specific period of time or until I retire.
3. I authorize and consent to investigation of all statements contained in this Application for Employment as may be necessary in arriving at an employment decision. This investigation may include contacting persons and employers I have identified on this application or have identified during any job interview relating to my application for employment unless I have indicated otherwise in writing.
4. In the event of employment, I understand that any false or misleading information given in my application may result in termination. I understand, also, that I am required to abide by all rules and regulations, including all safety regulations and policies.
5. I understand that any offer based on this application is contingent upon completing all post-offer paperwork and requirements, fulfilling physical requirements including any necessary medical examinations, demonstration of an ability to perform the job offered, and passing a drug and alcohol screen.
6. **I ACKNOWLEDGE THAT ANY KNOWING OR WILLFUL CONCEALMENT OR FALSE REPRESENTATION ABOUT INFORMATION REQUESTED CAN RESULT IN A FORFEITURE OF WORKERS’ COMPENSATION BENEFITS UNDER SECTION 52-1-28.3 OF THE NEW MEXICO WORKERS’ COMPENSATION ACT.**

Applicant signature

Applicant name (please print)

Date