



Application for Employment

Hy-Tech Petroleum Maintenance, Inc.
3301 SR 574 West - P. O. Box 3515 - Plant City, FL 33563
Ph. (813) 752-3190, Fx. (813) 752-3249
www.hytechpetroleum.com

Former Employers:

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	PHONE NO.	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

MAY WE CONTACT YOUR PRESENT AND/OR FORMER EMPLOYERS? _____

FOR WHICH POSITION WOULD YOU LIKE TO APPLY?: _____

BY WHOM WERE YOU REFERRED FOR A POSITION HERE? _____

WAGE/SALARY DESIRED: _____ DATE YOU CAN BEGIN WORK: _____

HOURS DESIRED: FULL TIME PART TIME

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO

IF YOU ARE NOT A UNITED STATES CITIZEN, DO YOU HAVE PERMISSION TO LIVE AND WORK
IN THE UNITED STATES? YES NO

WOULD YOU BE WILLING TO UNDERGO A PRE-EMPLOYMENT DRUG SCREENING AND PHYSICAL? YES NO

WOULD YOU BE WILLING TO UNDERGO A BACK-GROUND CHECK? YES NO

Personal References:

Please provide information of persons, other than family, willing to provide a personal reference of character.

NAME	ADDRESS	PHONE	YEARS AQCQUAINTED?
1.			
2.			
3.			

In consideration of my employment, I agree to conform to the rules and regulations of Hy-Tech Petroleum Maintenance, Inc. (“the Company”), and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time at the option of either the Company or me. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no representative of the Company, other than the Company’s President has any authority to enter into any contract or agreement contrary to the foregoing.

I certify that I have read and understood the foregoing paragraph. I further certify that all the information submitted by me on this application is true and complete, and I understand that any false information, omission, or misrepresentation of fact called for in this application may be cause for the denial of my application or, if I am employed, I may be discharged at any time. I also understand that proof of identity and eligibility for employment, in accordance with the requirements of the law, will be required upon date and time of hire.

I understand that, as part of this employment, tests may be performed to detect the presence, if any, of drugs and/or alcohol in my system. I understand that a “positive” result will lead to discipline up to and including discharge. I also agree if I am involved in an accident during working hours, I will submit to a drug/alcohol test as selected by the Company. I understand that positive results of this test can affect my eligibility for workers’ compensation benefits.

I specifically authorize any physician, medical practitioner or health care facility to release the results of any drug/alcohol test to the Company or its legal representative.

I hereby acknowledge by my signature below, that I have been informed that as an employee of Hy-Tech Petroleum Maintenance, Inc. I agree to comply with any drug testing policy, which the Company may adopt, and I specifically agree to post accident drug testing. In addition, I also agree that if at any time during my employment, I am subjected to any type of discrimination, including discrimination because of race, sex, age, religion, color, national origin, disability, or marital status, or if I am subjected to any type of harassment, including sexual harassment, I will immediately contact the Company’s Human Resources Department for assistance in the resolution of such matters.

Employee Signature: _____ Date: _____

FOR OFFICE USE ONLY. DO NOT WRITE IN THIS SPACE.

DATE OF HIRE: _____ START DATE: _____

WORKERS COMP CODE: _____ CLASS: _____

Job Description: _____ PAY RATE: \$ _____

New Hire Check List:

- | | |
|---|-----------------------------------|
| _____ Authorization to Release Info | _____ DMV Motor Vehicle Report |
| _____ IRS Form W4 | _____ Cash Advance Agreement |
| _____ USCIS Form I9 | _____ Employee Handbook |
| _____ Drug Screen Consent Form | _____ Drug Free Work Place Policy |
| _____ Pre-Employment Drug Screen and Physical | _____ Work Place Safety Program |