



Suffolk Energies, Inc.

Dear Applicant:

Thank you for choosing Suffolk Energies, Inc. to help you meet your employment and career goals. We appreciate the time you are taking to complete our standard application process.

Suffolk Energies, Inc. is committed to providing a safe and comfortable environment for clients and their families, as well as offering all employees the security of knowing their coworkers are as trustworthy, safety oriented, and drug-free as they are.

In order to meet these safety & security goals, in addition to requiring that all potential new employees **are tested for illegal drugs, Suffolk Energies, Inc. also conducts a thorough background screening.** If you are considered for employment, please note that some or all of the following employment screenings will be performed:

Suffolk Energies, Inc. will conduct a CRIMINAL RECORDS CHECK.

Suffolk Energies, Inc. will contact PREVIOUS EMPLOYERS & EDUCATION OFFICIALS.

Suffolk Energies, Inc. will verify your PROFESSIONAL LICENSE & CREDENTIALS (if appropriate).

Suffolk Energies, Inc. will check your DRIVING RECORD (if your job involves driving a company or private vehicle).

Suffolk Energies, Inc. may request additional levels of background screening when appropriate.

If there are any issues in your past that need to be resolved before Suffolk Energies, Inc. initiates this background screening, please discuss them with us or let us know that you are not ready for us to complete this essential process. We will hold all applications for 30 days.

By signing this I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Again, thank you for considering Suffolk Energies, Inc.

Applicant Signature: _____

Date: _____

APPLICATION FOR EMPLOYMENT

(Equal Opportunity Employer)

PLEASE RETURN COMPLETED APPLICATIONS TO: Griffin Oil & Propane
1224 Holland Road
Suffolk, Virginia 23434
(757) 539-4761 (Phone) - (757) 539-2372 (Fax)
info@suffolkenergies.com

GENERAL

DATE _____

NAME: _____

ADDRESS: _____

HOME: (_____) _____ CELL: (_____) _____

EMAIL: _____ SOCIAL SECURITY #: _____

DATE AVAILABLE FOR EMPLOYMENT: _____

If employed and under 18, can you furnish a work permit? Yes No

Have you ever been employed by this company? Yes No

Are you a U.S. citizen? Yes No If no, are you authorized to work in the U.S.? Yes No

Type of work desired: _____

If applying for a driving position, do you have a valid driver's license? Yes No

License # _____ State _____ Type _____

Endorsements _____ Expiration _____

Can you perform the essential functions of the job(s) for which you are applying? Yes No

What are you available to work? Part-Time Full-Time Over-Time Night-Time

Have you been convicted of a felony? Yes No

(Please note that a "Yes" answer will not bar you from consideration for employment.)

If yes, please explain: _____

Suffolk Energies, Inc. is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, disability, sex, or other protected status accordance with applicable federal and state equal employment opportunity laws. Suffolk Energies, Inc. will strive to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of the job.

EDUCATION

High School: _____ Address: _____
From: _____ To: _____ Did you graduate? Yes No
Type of Degree: _____

College: _____ Address: _____
From: _____ To: _____ Did you graduate? Yes No
Type of Degree: _____

Other: _____ Address: _____
From: _____ To: _____ Did you graduate? Yes No
Type of Degree: _____

SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS

Summarize special skills and qualifications, volunteer activities, military experience, employment, or other activities related to the job you are seeking:

REFERENCES

List three (3) non relatives who are familiar with your qualifications, work history, and ability.

Name	Occupation/Relationship	Years Known	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MILITARY SERVICE

Branch: _____ Rank at Discharge: _____
From: _____ To: _____ Type of Discharge: _____
If other than honorable, explain: _____

EMPLOYMENT EXPERIENCE

Employer _____

Supervisor _____

Address _____

Position _____

Phone _____

From _____ To _____

Salary: Starting/Ending _____

Duties _____

What did you like most about your job? _____

Reason for leaving _____

May we contact your supervisor for a reference? Yes No

Employer _____

Supervisor _____

Address _____

Position _____

Phone _____

From _____ To _____

Salary: Starting/Ending _____

Duties _____

What did you like most about your job? _____

Reason for leaving _____

May we contact your supervisor for a reference? Yes No

Employer _____

Supervisor _____

Address _____

Position _____

Phone _____

From _____ To _____

Salary: Starting/Ending _____

Duties _____

What did you like most about your job? _____

Reason for leaving _____

May we contact your supervisor for a reference? Yes No