



**AGO Company, LLC**  
440 W Division  
Sparta, MI 49345

Prospective employees will receive consideration without discrimination  
because of race, creed, color, sex, age, national origin, handicap or veteran

## APPLICATION FOR EMPLOYMENT

COMPLETE PAGES 1-2

DATE \_\_\_\_\_

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

Present address \_\_\_\_\_  
Number Street City State Zip

How long at current address \_\_\_\_\_ Social Security No. XXX - XX - \_\_\_\_\_ Enter last 4 digits

Home phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

Are you under age 18 \_\_\_\_ YES \_\_\_\_ NO, if "YES", can you provide proof of your eligibility to work? \_\_\_\_ YES \_\_\_\_ NO

Are you currently authorized to work in the United States? \_\_\_\_ YES \_\_\_\_ NO. Proof of eligibility will be required if hired.

Position applied for (1) \_\_\_\_\_

Wage desired (2) \_\_\_\_\_

Shifts available (3) \_\_\_\_\_

**For office use only**

Location:

Start date:

Rate of pay:

How many hours are you able to work weekly? \_\_\_\_\_, Will you work overtime if asked? \_\_\_\_ YES \_\_\_\_ NO

When are you available to start work? \_\_\_\_\_, Do you have reliable transportation to get to work? \_\_\_\_ YES \_\_\_\_ NO

Previous address? \_\_\_\_\_, How long at address? \_\_\_\_\_

Highest level of education attained: 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup> Trade school \_\_\_\_ , Associate's degree \_\_\_\_ , Bachelor's degree \_\_\_\_

Have you worked for us before? Or have you ever applied for employment with us before? \_\_\_\_ YES \_\_\_\_ NO. If yes, give month, year and location \_\_\_\_\_

Have you ever been convicted of a crime, or do you currently have felony charges pending against you? \_\_\_\_ YES \_\_\_\_ NO  
(A conviction record will not necessarily disqualify you from employment.) Please explain \_\_\_\_\_

Are you willing to take a pre-employment drug screening test? \_\_\_\_ YES \_\_\_\_ NO

Did you complete this application yourself? \_\_\_\_ YES \_\_\_\_ NO. If not, who did? \_\_\_\_\_

Have you ever been bonded? \_\_\_\_ YES \_\_\_\_ NO. If yes, with what employers? \_\_\_\_\_

State/list any friends or relatives working for us:

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<b>EMPLOYMENT HISTORY</b>			
Please list your work experience for the beginning with your most recent job held. If you were self-employed, give firm name			
Name of employer  Address  City, State, Zip Code  Phone number	Name of last supervisor	Employment dates  From  To	Pay or salary  Start  Final
Your last job title			
Reason for leaving (be specific) May we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Name of employer  Address  City, State, Zip Code  Phone number	Name of last supervisor	Employment dates  From  To	Pay or salary  Start  Final
Your last job title			
Reason for leaving (be specific)			
Name of employer  Address  City, State, Zip Code  Phone number	Name of last supervisor	Employment dates  From  To	Pay or salary  Start  Final
Your last job title			
Reason for leaving (be specific)			

### REFERENCES:

Name: \_\_\_\_\_, Company: \_\_\_\_\_, Phone number: \_\_\_\_\_

Name: \_\_\_\_\_, Company: \_\_\_\_\_, Phone number: \_\_\_\_\_

Name: \_\_\_\_\_, Company: \_\_\_\_\_, Phone number: \_\_\_\_\_

### READ DECLARATION CAREFULLY BEFORE SIGNING

I hereby declare the information provided by me to be true, correct and complete. I understand any misstatement or omission of fact shall be considered cause for dismissal. I understand, if hired, **I am employed at will, have no contractual agreement with AGO Company LLC or American Gas & Oil Inc. and that I or AGO Company LLC may terminate my employment at any time with or without cause.** I authorized the above listed companies and references, along with my local police department, to release all requested information to AGO Company LLC. This agreement may only be modified in writing by the employee and the President of AGO Company LLC.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date