

Peterson Fuel Delivery
 Lauderdale Marine Center
 2015 S.W. 20th Street, Suite 101
 Fort Lauderdale, FL 33315



Phone: (954) 764-FUEL (3835)
 Fax: (954) 764-0769
 Web: www.petersonfuel.com
 Email: info@petersonfuel.com

Employment Application

Application Information

Name (Last name, first name):		Date:
Date of Birth:	SSN:	Phone:
Current Address:		
City:	State:	ZIP:
Referred by:		How did you hear about us?

Employment Desired

Position:	Date you can start:
Salary Desired:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary () Hours available weekly
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment History

(List below last four employers, starting with the last one first)

Date: Month/Year	Name & Address of Employer	Salary	Position	Reason for Leaving
Start:				
End:				
Start:				
End:				
Start:				
End:				
Start:				
End:				

General Information:

Special skills/training:	
U.S. Military or Naval Service Dates: Start/End	Rank

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Education History

Name & Location of School	Years Attended
Highest level achieved:	
Trade, business, or Professional school	
Special licenses or certifications:	

References
 (Provide three persons not related to you, whom you have known at least one year)

Name:	Phone/Email	Business	Years Known

Authorization:

“I certify that the facts contained in this application are true and complete to the best of my knowledge.

I authorize investigation of all statements contained herein. I also authorize the reference and previous employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that this is not an agreement for employment for any specified period of time.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Date: _____ Signature: _____

Fax your complete application to: (954) 764-0769