



## APPLICATION FOR EMPLOYMENT

Please fill out application in full, attach your cover letter and resume and mail to our corporate office at 1097 N. Rosario Street, Suite 200, Meridian, ID 83642 or Email your application, cover letter and resume to [careers@petrainc.net](mailto:careers@petrainc.net). If you have questions please contact Robin Anselme, Human Resources, at our corporate office at (208) 323-4500.

DATE OF APPLICATION: \_\_\_\_\_

A. NAME: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street, City, State, Zip)

### B. PERSONAL DATA:

1. Are you age 18 or older? Yes  No
2. CITIZENSHIP: Will you be able to provide proof of identity and employment eligibility if hired? Yes  No

### C. U.S. MILITARY SERVICE:

1. Date entered: \_\_\_\_\_ Dated Separated: \_\_\_\_\_  
Rank at Separation: \_\_\_\_\_ Branch of Service: \_\_\_\_\_ Military Occupation: \_\_\_\_\_

### D. CONVICTED OF A CRIME:

1. Have you ever been charged or convicted of any crime within the past seven (7) years? (NOTE: A conviction record will not necessarily ban an applicant from employment.) Yes  No

If yes, please describe: \_\_\_\_\_

### E. EDUCATIONAL AND TRAINING BACKGROUND:

1. Highest grade completed: Grade School 1  2  3  4  5  6  7  8  High School 1  2  3  4   
College 1  2  3  4  5  6

2. Name of High School: \_\_\_\_\_ Did you graduate? Yes  No

Name of College: \_\_\_\_\_ Did you graduate? Yes  No

College Major: \_\_\_\_\_ of Study: \_\_\_\_\_

3. Graduate Work: \_\_\_\_\_

4. Apprentices/Trade School Training: \_\_\_\_\_  
(Years/Months) (Year Completed) (Subject) (School or Company)

5. Correspondence Training: \_\_\_\_\_  
(Years/Months) (Year Completed) (Subject) (School)

6. Armed Forces or Other Training: \_\_\_\_\_  
(Years/Months) (Year Completed) (Subject) (School)

### F. FIRST AID CERTIFICATES:

a. Cardiopulmonary Resuscitation (CPR), Date on Card: \_\_\_\_\_

b. Standard First Aid Training, Date on Card: \_\_\_\_\_

c. Emergency Medical Technician (EMT), Date on Card: \_\_\_\_\_

Dates verified by: \_\_\_\_\_

**G. EMPLOYMENT INQUIRY:**

1. Positions desired (preference order): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Regular Employee: Yes  No  Temporary Employee: Yes  No  Part-Time Employee: Yes  No   
If seeking temporary employment only, when would you expect to terminate? \_\_\_\_\_  
Date you can start? \_\_\_\_\_ Salary or Wage desired to start: \_\_\_\_\_
2. Are you willing to accept odd (nights, weekends, graveyard) or rotating shift hours? Yes  No
3. Are you employed now? Yes  No  If yes, may we inquire of your current employer? Yes  No
4. Ever applied to this Company before? Yes  No  If yes, when and where? \_\_\_\_\_

**H. EMPLOYMENT HISTORY:**

1. Have you worked for this company previously? Yes  No  If yes, give dates: \_\_\_\_\_  
Job or jobs held: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

2. Other employment:

a. \_\_\_\_\_  
(CURRENT or LAST EMPLOYER) (Phone) (Current Wage)

(Employer Address, City, State, Zip)

From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Responsibilities / Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

b. \_\_\_\_\_  
(PREVIOUS EMPLOYER) (Phone) (Current Wage)

(Employer Address, City, State, Zip)

From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Responsibilities / Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

c. \_\_\_\_\_  
(PREVIOUS EMPLOYER) (Phone) (Current Wage)

(Employer Address, City, State, Zip)

From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Responsibilities / Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**I. PAST EXPERIENCE**

1. I have performed the following jobs/tasks for which I am presently qualified: (List in order of skill)

Job/Task	How long performed	For whom
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____
f. _____	_____	_____

**J. HOW DID YOU HEAR OF THIS JOB OPPORTUNITY AT PETRA, INC.?**

PETRA, Inc. Website  Referred by Current PETRA, Inc. Employee  (Employee Name) \_\_\_\_\_  
 Career Builder  indeed  Monster  Craigslist  Other \_\_\_\_\_

**PLEASE REVIEW THIS FORM AND MAKE SURE THAT YOU ANSWERED EACH ITEM**

**NOTE: THE FOLLOWING ITEMS ARE IMPORTANT WITH RESPECT TO YOUR PRIVACY AND EMPLOYMENT RIGHTS. PLEASE READ CAREFULLY. BY SIGNING OR ENTERING YOUR NAME IN THE BOX BELOW, YOU ARE ACKNOWLEDGING YOUR AGREEMENT.**

I authorize PETRA investigation of all statements contained in this application. I further consent and agree to the disclosure of any information about me contained in private and government files relevant to this application for employment. I request all present and former employers to supply this information to PETRA or its agents upon their request. If employed, I understand that misrepresentation or omission of facts called for may be cause for dismissal.

I understand that any offer of employment will be contingent upon my passing a drug test, and I agree to such testing.

If employed, I agree to conform to the rules of PETRA Incorporated, and hereby acknowledge that my employment with PETRA Incorporated can be terminated at any time, with or without cause, at the option of either myself or PETRA Incorporated. I further understand and acknowledge that nothing contained in any employee handbook or policy statement nullifies or modifies the foregoing employment at will policy.

In compliance with the Immigration and Reform Act of 1986, I understand any job offer is contingent upon presenting the required documentation to prove I am a U.S. citizen or authorized to work in the United States.

I certify that all statements made by me on this application are true and complete. I understand the misrepresentations or falsifications of statements made in this application constitute grounds for immediate dismissal.

Please sign and date below (or enter your name to digitally sign this application and submit via email).

DATE: \_\_\_\_\_ APPLICANT SIGNATURE: \_\_\_\_\_



### AUTHORIZATION TO RELEASE MOTOR VEHICLE REPORT (MVR)

I \_\_\_\_\_ authorize Petra to verify my drivers license and agree to submit the following information. Further, I grant permission for Petra to secure my Motor Vehicle Report (MVR) to determine my driving insurability under the Petra Auto/Fleet Policy. I also affirm that the statements made below are stated truthfully and without reservation. I understand that my MVR is likely to contain my driving record, including a record of arrests for driving offenses.

Drivers License Number: \_\_\_\_\_

Issuing State: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

Witness \_\_\_\_\_