

EMPLOYMENT APPLICATION

Lott Oil Company

Cotton Security

Lott Oil Company Subsidiaries:

Shop-A-Lott

Lott Gaming

LOMAC

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status

(PLEASE PRINT)

Date of Application: _____ Position (s) Applied for: _____

Referral Source: Advertisement Walk-in Web-site Friend Relative Employment Agency Other

Name: _____
LAST FIRST MIDDLE

Address: _____
NUMBER STREET CITY STATE ZIP CODE

Telephone: () _____ 2nd Telephone Number or Cell Phone: () _____
AREA CODE AREA CODE

Social Security Number: _____

Have you filed an application here before? Yes No If yes, give date: ____ / ____ / ____

Have you ever been employed with Lott Oil or one of its subsidiaries? Yes No If yes, give date: ____ / ____ / ____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

On What date would you be available to work? ____ / ____ / ____

How are you available to work? Full-Time Part-Time Shift-Work Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Other than a routine traffic violation, have you been convicted of a felony within the past 7 years? Yes No
(Conviction will not necessarily disqualify applicant from employment.)

If yes, please explain _____

AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Please print name, city & state for each school listed	Did you graduate? (Circle one)	Diploma / Degree
HIGH SCHOOL		Yes No	
COLLEGE		Yes No	
OTHER		Yes No	

SPECIAL SKILLS AND QUALIFICATIONS

List applicable professional or technical licenses or certifications relative to the position for which you are applying.	List equipment, machinery, special skills and qualifications acquired from past employment experience.

CERTIFICATION: Read the following carefully.

As a condition of employment, I hereby voluntarily give my consent to this company and its designated agents to do urinalysis and /or blood testing for alcohol and / or controlled substances. Such testing may occur as a precondition to my being employed, on a random basis during my employment, or any time during my employment with this company when there is reasonable cause to believe that violations of the "Alcohol and Drug Abuse Guidelines" exists. I understand that refusal to submit to such testing will result in my termination.

As a condition of employment, I hereby voluntarily give my consent to this company and its designated agents to submit to a polygraph examination if requested to do so. I understand that refusal to submit to such an examination will result in my termination.

I understand that, if employed, my employment is for no fixed term. My employment may be discontinued, with or without notice, by me or this company, at any time. I understand that no employee, officer or agent of the company may bind it to anything contrary to the above by oral or printed statements, including hand books, benefit booklets, or other forms of communication.

I certify that the information provided by me on this application is correct. I understand that the furnishing of any misleading or incorrect information on this application or its attachments will be just cause for termination should I become employed at this company. I hereby give permission to the persons and companies named on this application and its attachments to provide any pertinent information to this company, or its duly authorized representative except where otherwise indicated. I release said parties from all liability for any damages resulting from issuance of such information.

Applicant Signature: _____ Date: ____ / ____ / ____

VOLUNTARY SURVEY

Government agencies at times require periodic reports on the sex, ethnicity, handicapped, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. SUBMISSION OF INFORMATION IS VOLUNTARY.

Check one: Male Female

Check one of the following: White Black Hispanic

American Indian / Alaskan Native Asian / Pacific Islander

Check if any of the following are applicable: Vietnam Era Veteran Disable Veteran

Handicapped Individual

EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Include military service assignments.

1.	Past Employer	Job Title	Employment Dates From: _____ To: _____
	Telephone Numbers () - () -	Supervisor	Wage / Salary Start: _____ Final: _____
	Address	Duties and Responsibilities	
		Reason for Leaving	
2.	Past Employer	Job Title	Employment Dates From: _____ To: _____
	Telephone Numbers () - () -	Supervisor	Wage / Salary Start: _____ Final: _____
	Address	Duties and Responsibilities	
		Reason for Leaving	
3.	Past Employer	Job Title	Employment Dates From: _____ To: _____
	Telephone Numbers () - () -	Supervisor	Wage / Salary Start: _____ Final: _____
	Address	Duties and Responsibilities	
		Reason for Leaving	

REFERENCE CHECK

Hiring Manager, be sure to record the following obtained from the reference call.

1.	Company Contacted	Person Contacted	Date of Contact
	Dates of Employment From: _____ To: _____	Position Held	Comment
<p>Would you rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Reason for Leaving: _____</p> <p>Reference check performed by: _____ Title: _____</p>			
2.	Company Contacted	Person Contacted	Date of Contact
	Dates of Employment From: _____ To: _____	Position Held	Comment
<p>Would you rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Reason for Leaving: _____</p> <p>Reference check performed by: _____ Title: _____</p>			
3.	Company Contacted	Person Contacted	Date of Contact
	Dates of Employment From: _____ To: _____	Position Held	Comment
<p>Would you rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Reason for Leaving: _____</p> <p>Reference check performed by: _____ Title: _____</p>			

FOR OFFICE USE ONLY: Applicant – do not write below this line.

No position available

Not qualified

Considered – interviewed

Offer extended & refused

Date: _____ With whom: _____

Hired: First Day to work: _____

Considered – not interviewed

Comments: _____

Job Title: _____

Hourly Rate/Salary: _____

Department: _____

By: _____

Date: _____

NAME AND TITLE

Interviewer Name and Comments

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