



# ONLINE APPLICATION

STATION OPERATION  
116 S BROADWAY, EDMOND, OK 73034

STATION OPERATION, LLC IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE AGAINST ANY INDIVIDUAL IN ANY PHASE OF EMPLOYMENT IN ACCORDANCE WITH THE REQUIREMENTS OF LOCAL, STATE AND FEDERAL LAW. STATION OPERATION, LLC ALSO PROVIDES REASONABLE ACCOMMODATIONS TO QUALIFIED INDIVIDUALS WITH DISABILITIES IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT AND APPLICABLE STATE AND LOCAL LAW. PLEASE ADVISE STATION OPERATION IF YOU REQUIRE AN ACCOMMODATION IN THE APPLICATION PROCESS.

Location Applying For \_\_\_\_\_

## APPLICATION INFORMATION

**FULL NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_  
LAST FIRST MIDDLE

**ADDRESS** \_\_\_\_\_  
STREET ADDRESS APARTMENT/UNIT#  
CITY STATE ZIP CODE

**PHONE NUMBER** \_\_\_\_\_ **EMAIL ADDRESS** \_\_\_\_\_

### PLEASE INDICATE HOURS OF AVAILABILITY

**MONDAY** \_\_\_\_\_ TO \_\_\_\_\_ **FRIDAY** \_\_\_\_\_ TO \_\_\_\_\_  
**TUESDAY** \_\_\_\_\_ TO \_\_\_\_\_ **SATURDAY** \_\_\_\_\_ TO \_\_\_\_\_  
**WEDNESDAY** \_\_\_\_\_ TO \_\_\_\_\_ **SUNDAY** \_\_\_\_\_ TO \_\_\_\_\_  
**THURSDAY** \_\_\_\_\_ TO \_\_\_\_\_

### POSITION APPLIED FOR \_\_\_\_\_

**RATE OF PAY EXPECTED** \$ \_\_\_\_\_ PER HR.

**IF YOU ARE HIRED, WILL YOU HAVE RELIABLE TRANSPORTATION TO AND FROM STATION'S PLACE OF WORK?** YES NO

**ARE YOU A CITIZEN OF THE UNITED STATES?** YES NO   **IF NO, ARE YOU AUTHORIZED TO WORK IN THE U.S.?** YES NO    
**HAVE YOU EVER WORKED FOR THIS COMPANY?**   **IF YES, WHEN?** \_\_\_\_\_  
**HAVE YOU EVER BEEN A CONVICTED OF A FELONY?**   **IF YES, PLEASE EXPLAIN** \_\_\_\_\_

## EDUCATION

NAME OF SCHOOL AND CITY	GRADUATED		YEARS COMPLETED	MAJOR
	YES	NO		
HIGHSCHOOL				
COLLEGE				
GED OR OTHER				
HOBBIES, INTERESTS				
ADDITIONAL SKILLS				

## PROFESSIONAL REFERENCES

PLEASE LIST THREE (3) PROFESSIONAL REFERENCES – DO NOT INCLUDE FRIENDS OR RELATIVES

FULL NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
JOB TITLE \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

FULL NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
JOB TITLE \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

FULL NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
JOB TITLE \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**EMPLOYMENT**

LIST YOUR LAST THREE WORK EXPERIENCES BEGINNING WITH YOUR MOST RECENT

NAME OF EMPLOYER	EMPLOYMENT DATES		DESCRIBE DUTIES PERFORMED	REASON FOR LEAVING
	FROM (MM/YY)	TO (MM/YY)		
ADDRESS	RATE OF PAY	RATE OF PAY		<input type="checkbox"/> DISCHARGE <input type="checkbox"/> LAYOFF <input type="checkbox"/> RESIGNATION EXPLAIN:  MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
CITY & STATE				
PHONE NUMBER	POSITION	POSITION		
TYPE OF BUSINESS				
NAME OF SUPERVISOR				
NAME OF EMPLOYER	EMPLOYMENT DATES		DESCRIBE DUTIES PERFORMED	REASON FOR LEAVING
	FROM (MM/YY)	TO (MM/YY)		
ADDRESS	RATE OF PAY	RATE OF PAY		<input type="checkbox"/> DISCHARGE <input type="checkbox"/> LAYOFF <input type="checkbox"/> RESIGNATION EXPLAIN:  MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
CITY & STATE				
PHONE NUMBER	POSITION	POSITION		
TYPE OF BUSINESS				
NAME OF SUPERVISOR				
NAME OF EMPLOYER	EMPLOYMENT DATES		DESCRIBE DUTIES PERFORMED	REASON FOR LEAVING
	FROM (MM/YY)	TO (MM/YY)		
ADDRESS	RATE OF PAY	RATE OF PAY		<input type="checkbox"/> DISCHARGE <input type="checkbox"/> LAYOFF <input type="checkbox"/> RESIGNATION EXPLAIN:  MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
CITY & STATE				
PHONE NUMBER	POSITION	POSITION		
TYPE OF BUSINESS				
NAME OF SUPERVISOR				

**MILITARY SERVICE**

BRANCH \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

RANK AT DISCHARGE \_\_\_\_\_ TYPE OF DISCHARGE \_\_\_\_\_

IF OTHER THAN HONORABLE, PLEASE EXPLAIN \_\_\_\_\_

**SIGNATURE & DATE**

THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE OR INACCURATE INFORMATION OR MISREPRESENTATION OF FACT OR OMISSION OF INFORMATION REQUESTED, AS STATED OR IMPLIED, GIVEN IN MY APPLICATION, INTERVIEW(S), OR ANY OTHER EMPLOYMENT FORM, MAY BE SUFFICIENT REASON NOT TO HIRE ME AND MAY BE REASON FOR DISMISSAL. I UNDERSTAND THAT I WILL BE REQUIRED TO PASS A PRE-EMPLOYMENT DRUG SCREEN, AND IF HIRED, I WILL BE SUBJECT TO STATION OPERATION'S DRUG AND ALCOHOL TESTING POLICY DURING MY EMPLOYMENT.

I UNDERSTAND AND AGREE THAT ALL INFORMATION FURNISHED IN THIS APPLICATION MAY BE VERIFIED BY STATION OPERATION, LLC OR ITS AUTHORIZED REPRESENTATIVE. I HEREBY AUTHORIZE ALL INDIVIDUALS AND ORGANIZATIONS NAMED OR REFERRED TO IN THIS APPLICATION TO GIVE STATION OPERATION, LLC. ALL INFORMATION RELATIVE TO SUCH VERIFICATION AND HEREBY RELEASE SUCH INDIVIDUALS, ORGANIZATIONS AND STATION OPERATION, LLC. FROM ANY AND ALL LIABILITY FOR ANY CLAIM OR DAMAGE RESULTING THEREFROM.

I UNDERSTAND THAT, IF HIRED, I WILL BE REQUIRED TO PROVIDE DOCUMENTATION OF BOTH MY IDENTITY AND EMPLOYMENT ELIGIBILITY IN THE UNITED STATES IN ACCORDANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986.

I UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE SUBJECT TO VARIOUS GUIDELINES, RULES AND REGULATIONS OF STATION OPERATION, LLC AS STATED IN THE EMPLOYEE HANDBOOK, ANY POLICY AND PROCEDURE MANUAL OR OTHER COMMUNICATIONS TO EMPLOYEES. I FURTHER UNDERSTAND THAT STATION OPERATION, LLC'S POLICIES AND PROCEDURES ARE SUBJECT TO MODIFICATION WITHOUT NOTICE.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_