STAR-RAY PIPELINE, INC.

APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire
Equal Opportunity Employer

Name _____ Social Security # _____

Address _____ City _____ State _____ Zip _____

Phone ( )

Employment Desired

Position _____ Date Available _____ Salary Desired _____

Are you employed? _____ If so, may we inquire of your present employer? _____

Former Employers:

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

Date: from/to	Name/Address	Salary	Position	Reason for Leaving

References:

Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Phone	Years Known

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Date _____ Signature _____

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