

# EMPLOYMENT APPLICATION

Print All Information Clearly. Incomplete Applications will not be considered.

Date \_\_\_\_\_ Driver's License No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Name (no initials please)- Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ How Long? \_\_\_\_\_

Home Phone \_\_\_\_\_ Message Phone No. \_\_\_\_\_

Have you worked for us before? \_\_\_\_\_ If so, when? \_\_\_\_\_

Have you filled out an application with us before? \_\_\_\_\_ If so, when? \_\_\_\_\_

List any friends and/or relatives who have EVER worked for us.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Position applied for \_\_\_\_\_ Date available \_\_\_\_\_

Indicate any outside activities which may conflict with this job \_\_\_\_\_

Location you are applying for \_\_\_\_\_

Are you 21 years of age or older? \_\_\_\_\_ (yes or no)

Have you ever been convicted of a crime other than a traffic offense (felony)? \_\_\_\_\_

Have you ever been convicted of driving under the influence of alcohol or other intoxicants? \_\_\_\_\_

If yes, where? (city, county, state) \_\_\_\_\_

Under what name? \_\_\_\_\_

Explain: \_\_\_\_\_

Have you served in any branch of Military Service? \_\_\_\_\_ Which? \_\_\_\_\_

Name under which you served \_\_\_\_\_ Type of discharge \_\_\_\_\_

Have you ever been refused a fidelity bond? \_\_\_\_\_

## EDUCATION

	Name Under Which You Attended	Name & Location of School	Years Attended From To	Did You Graduate?
High School				
College or Univ.				
Other				

# WORK HISTORY

List Most Recent Employer First. List All Previous Employers.

Company	Dates of Employment	Position/ Duties	Immediate Supervisor	Reason for Leaving
Name	From		Name	
Address	To			
City, State	Pay Rate:		Title	
Name Under Which You Worked				
Type of Business      Phone				
Name	From		Name	
Address	To			
City, State	Pay Rate:		Title	
Name Under Which You Worked				
Type of Business      Phone				
Name	From		Name	
Address	To			
City, State	Pay Rate:		Title	
Name Under Which You Worked				
Type of Business      Phone				
Name	From		Name	
Address	To			
City, State	Pay Rate:		Title	
Name Under Which You Worked				
Type of Business      Phone				
Name	From		Name	
Address	To			
City, State	Pay Rate:		Title	
Name Under Which You Worked				
Type of Business      Phone				

This application becomes invalid after 30 days.

**Please List At Least 3 Personal References (Not related to you)**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you listed ALL previous employers here? \_\_\_\_\_ (List below if necessary)

May we contact these employers to verify the information? \_\_\_\_\_

List any we may not contact:

Why \_\_\_\_\_

Why \_\_\_\_\_

All of the information on this application is correct and true to the best of my ability. I understand that false or misleading information is grounds for immediate termination.

Signed \_\_\_\_\_ Date \_\_\_\_\_

# DRUG & SUBSTANCE ABUSE CONSENT

Magness Oil Company, in connection with its desire to have a Drug-Free Work Place, has the following Drug and Substance Abuse Policy:

## **STATEMENT:**

Magness Oil Company prohibits the illegal use, possession, transport, promotion or sale of drugs, drug paraphernalia and the unauthorized use of alcoholic beverages during working hours at any facility owned or operated by the Company or at any other facility at which an employee of the Company is authorized to be present while conducting business for the Company. A Company employee must not report for duty under the influence of any drug, alcoholic beverage, or other substance, including legally prescribed drugs and medicines which will in any way affect his/her work ability, alertness, coordination, or response or which will in any way risk the safety of others.

## **PRE-EMPLOYMENT:**

Prior to employment, any potential employee must donate a urine specimen which will undergo a urinalysis drug screen test and physical exam and employment is dependent upon the results of these tests.

## **SEARCH:**

During the course of employment, an employee may be subject to inspection for possession or use of unauthorized or illegal substances such as alcohol and drugs as required by our policies. The employee's entry into or presence on company owned or company controlled work sites, vehicles, or temporary authorized work sites is conditioned to the company's right to search any employee's property, including lunch boxes, baggage, and private vehicles (including trunks, glove compartments, etc.). By entering into or being present on company owned or company controlled work sites, vehicles, or temporary authorized work sites, any employee is deemed to have consented to such searches, which may include periodic unannounced searches while on, entering, or leaving such facilities.

## **RANDOM SCREENING:**

During the course of employment, an employee may be subject to taking periodic random drug screening tests to determine the presence of substances prohibited by this policy. A "positive" result from these screening tests (indicating the presence of one or more of these illegal or unauthorized substances) will result in the immediate termination of the employee's employment.

## **POST-ACCIDENT TESTING:**

Every employee will donate a urine specimen as outlined above in "Random Screening" within twenty-four hours of reporting an accident on company owned or controlled work sites, vehicles, or temporary authorized work sites at a location approved by the company.

I have read Magness Oil Company's Substance Abuse Policy and understand that the policy is now in effect.

In applying for employment, I understand that I authorize Magness Oil Company to conduct through its designated physician or laboratory testing facility a drug screening test upon a urine specimen that I will donate for testing, as a requirement for employment. I understand that my urine specimen will be tested for the presence of drugs or drug metabolites. I further understand that the presence of one or more of these drugs or drug metabolites in my urine specimen may cause my rejection of further consideration for employment.

I understand Magness Oil Company's Substance Abuse Policy in regard to all conditions for employment: pre-employment, reasonable cause, random testing, biennial testing for drivers, and post accident testing. I understand that my refusal to submit to any part of the testing program outlined above will constitute voluntary termination of my employment.

Signed \_\_\_\_\_ Date \_\_\_\_\_