

## APPLICATION FOR EMPLOYMENT

Date of Application \_\_\_\_\_ Position(s) Applied for \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Name : \_\_\_\_\_  
Last First Middle

Other names used: \_\_\_\_\_

Address : \_\_\_\_\_  
Street City State Zip Code

Telephone: ( ) ( ) ( )  
Home Business Cell Phone

Length of time at current address: \_\_\_\_\_ Email address: \_\_\_\_\_

Previous addresses in the past 10 years (list additional addresses on reverse if needed):

Address 2: \_\_\_\_\_  
Street City State Zip Code

Address 3: \_\_\_\_\_  
Street City State Zip Code

Address 4: \_\_\_\_\_  
Street City State Zip Code

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Yes  No Are you at least 18 years of age?

Yes  No If under 18, can you furnish a work permit if an offer of employment is made?

Yes  No Have you filed an application at Mobil Martin before?  
If yes, please give date: \_\_\_\_\_

Yes  No Are you currently employed?

Yes  No If you are currently employed, may we contact your present employer?

Yes  No Are you legally permitted to work in the United States?  
(Proof of citizenship or immigration status will be required upon employment)

Yes  No Are you available to work any weekends?  
If yes, please specify your weekend availability: \_\_\_\_\_

What is your available work status?  Full Time  Part Time  Temporary

On what date would you be available for work? \_\_\_\_\_

Yes  No Have you been convicted of a felony within the last 7 years?  
(Conviction will not necessarily disqualify applicant from employment)

If yes, please explain: \_\_\_\_\_

**\* To be Completed by Management**

* Interviewed By		
I	II	III

Hire Date: \_\_\_\_\_

Position: \_\_\_\_\_

Start Date: \_\_\_\_\_

\* Initialed and dated

**EDUCATION**

	Elementary	High School	College / University	Graduate / Professional
<b>School Name and Complete Address</b>				
<b>Number of Years Completed</b>				
<b>Diploma/Degree</b>				
<b>Describe Course of Study</b>				
<b>Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities</b>				

**Honors Received:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*State any additional information you feel may be helpful to us in considering your application*

**REFERENCES**

Please list three (3) references other than relatives or previous employers.

- 1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_
  
- 2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_
  
- 3. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Please list your work experience for the past 5 years beginning with your most recent job. If you are self-employed, give firm name. Include military service assignment and volunteer activities. (You may exclude membership that would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status).

<b>1.</b>	<b>Employer:</b>		<b>Dates Employed</b>	
	<b>Address:</b>		<b>From:</b>	<b>To:</b>
	<b>Phone Number:</b>		<b>Hourly Rate / Salary</b>	
	<b>Job Title:</b>	<b>Supervisor:</b>	<b>Starting:</b>	<b>Final:</b>
	<b>Work Performed:</b>			
	<b>Reason for Leaving:</b>			

<b>2.</b>	<b>Employer:</b>		<b>Dates Employed</b>	
	<b>Address:</b>		<b>From:</b>	<b>To:</b>
	<b>Phone Number:</b>		<b>Hourly Rate / Salary</b>	
	<b>Job Title:</b>	<b>Supervisor:</b>	<b>Starting:</b>	<b>Final:</b>
	<b>Work Performed:</b>			
	<b>Reason for Leaving:</b>			
<b>3.</b>	<b>Employer:</b>		<b>Dates Employed</b>	
	<b>Address:</b>		<b>From:</b>	<b>To:</b>
	<b>Phone Number:</b>		<b>Hourly Rate / Salary</b>	
	<b>Job Title:</b>	<b>Supervisor:</b>	<b>Starting:</b>	<b>Final:</b>
	<b>Work Performed:</b>			
	<b>Reason for Leaving:</b>			

<b>4.</b>	<b>Employer:</b>		<b>Dates Employed</b>	
	<b>Address:</b>		<b>From:</b>	<b>To:</b>
	<b>Phone Number:</b>		<b>Hourly Rate / Salary</b>	
	<b>Job Title:</b>	<b>Supervisor:</b>	<b>Starting:</b>	<b>Final:</b>
	<b>Work Performed:</b>			
	<b>Reason for Leaving:</b>			
<b>5.</b>	<b>Employer:</b>		<b>Dates Employed</b>	
	<b>Address:</b>		<b>From:</b>	<b>To:</b>
	<b>Phone Number:</b>		<b>Hourly Rate / Salary</b>	
	<b>Job Title:</b>	<b>Supervisor:</b>	<b>Starting:</b>	<b>Final:</b>
	<b>Work Performed:</b>			
	<b>Reason for Leaving:</b>			

If you were unemployed at any time, please explain:

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**SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special skills and qualifications acquired from employment experience or education.

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**MILITARY SERVICE RECORD**

Were you a member of the U.S. Military Services?     Yes     No

Branch of Services:     Army     Air Force     Navy     Marines

Reserve Status:     Active     Inactive

Service Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Reason for Discharge?

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**ACKNOWLEDGEMENT AND AUTHORIZATION**  
*(Please read carefully before signing)*

I certify that answers given herein are true and complete to the best of my knowledge and understand that, if employed, incomplete, false or misleading statements on this application may result in dismissal at any time during my employment. I understand, also, that I am required to abide by all rules and regulations of the employer.

I authorize investigation of all statements contained herein and the references listed to give Mobil Martin any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to Mobil Martin.

This application for employment shall be considered active for a period of time not to exceed 180 days. If I wish to be considered for employment beyond this time period, I understand that I need to inquire as to whether or not applications are being accepted at that time. I understand that neither this document nor my offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and me in writing.

Signature: \_\_\_\_\_

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

**DRUG TESTING CONSENT AND RELEASE**

Mobil Martin is committed to a drug-free workplace for the benefit of staff and clients. Therefore, Mobil Martin has established an applicant drug testing procedure and appropriate drug testing after commencement of employment.

I hereby freely and voluntarily consent to this request for a urine sample and/or breathe alcohol test, and agree to participate in the testing program. I agree to release these test result to the company, its employees, agents and contractors from any and all liability whatsoever arising from this request for testing, form the actual testing procedures, and from decisions made concerning my application for or continuation of employment based on the results of the analysis.

I agree to cooperate in all aspects of the testing program.

I hereby authorize the release of my drug and/or alcohol test results to the contractor's Medical Review Officer (MRO), and/or to the company's examining physician, as provided by the company's policy.

I further acknowledge that the company has provided me with an opportunity to ask questions related to its drug and alcohol testing program and that all my questions have been answered. I understand that if employed by the company, I will be required to comply with the company's Drug Free Workplace Policy. I agree that I will submit to a requested substance abuse screening and understand that my failure to comply with such request or a positive result

failing to meet the minimum standards may result in termination of employment.

Applicant Printed Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date of Signatures: \_\_\_\_\_

**DISCLOSURE AND RELEASE**

In connection with my application for employment (including contract for services) with Mobil Martin. I understand that consumer reports, which may contain public record information, may be requested and obtained. These reports may include information related to my previous driving record including court actions, citations, license suspensions and revocations.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to obtain information as to the name, address and phone number of my agency providing such information and further may request of that agency, upon proper identification, the nature and substance of all information in its filed on me at the time of my request, including all sources of information as well as the recipients of any reports on me which that Agency has previously finished within the two (2) year period preceding my request.

This authorization shall remain on file and shall serve as ongoing Authorization for the organization named above to procure Motor Vehicle Reports at any time during my employment, membership or contract period.

Applicant Printed Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

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

***Equal Employment Opportunity:*** While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.