

Employment History

NOTE: Starting with present or most recent employer, account for all jobs and periods of unemployment for the last ten years.

EMPLOYER NAME (PRESENT OR MOST RECENT)		ADDRESS (CITY, STATE)		TELEPHONE ()	TITLE OF YOUR POSITION
DATE STARTED	DATE ENDED	SALARY 6 START	SALARY 6 END	IMMEDIATE SUPERVISOR6S NAME AND TITLE/DEPARTMENT	
REASON FOR LEAVING				NAME YOU WERE KNOWN BY IF DIFFERENT FROM PRESENT NAME	
DESCRIBE WORK PERFORMED					

EMPLOYER NAME (PREVIOUS)		ADDRESS (CITY, STATE)		TELEPHONE ()	TITLE OF YOUR POSITION
DATE STARTED	DATE ENDED	SALARY 6 START	SALARY 6 END	IMMEDIATE SUPERVISOR6S NAME AND TITLE/DEPARTMENT	
REASON FOR LEAVING				NAME YOU WERE KNOWN BY IF DIFFERENT FROM PRESENT NAME	
DESCRIBE WORK PERFORMED					

EMPLOYER NAME (PREVIOUS)		ADDRESS (CITY, STATE)		TELEPHONE ()	TITLE OF YOUR POSITION
DATE STARTED	DATE ENDED	SALARY 6 START	SALARY 6 END	IMMEDIATE SUPERVISOR6S NAME AND TITLE/DEPARTMENT	
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DESCRIBE WORK PERFORMED					

EMPLOYER NAME (PREVIOUS)		ADDRESS (CITY, STATE)		TELEPHONE ()	TITLE OF YOUR POSITION
DATE STARTED	DATE ENDED	SALARY 6 START	SALARY 6 END	IMMEDIATE SUPERVISOR6S NAME AND TITLE/DEPARTMENT	
REASON FOR LEAVING				NAME YOU WERE KNOWN BY IF DIFFERENT FROM PRESENT NAME	
DESCRIBE WORK PERFORMED					

Special Skills and Qualifications

SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE.

Professional References

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER

Physical

CAN YOU WITH, OR WITHOUT, REASONABLE ACCOMMODATION PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU HAVE APPLIED?

IF NO, PLEASE EXPLAIN:

Yes No & Explain:

If you are hired, a medical examination will be required before you start. If the examination discloses medical conditions that prevent you from successfully performing the essential functions of the job, the company will attempt to make accommodations to allow you to work. If no reasonable accommodations can be found, or they cause hardship on the company, the tentative offer of employment will be withdrawn.

Further, I understand that it will be necessary to successfully pass a drug screen test performed at the time of the physical examination.

_____ INITIALS

Employment Agreement

I understand that if employment is offered it is not for any definite period of time and is subject to termination with or without cause by the company or at my own election at any time. I further understand that my employment would be at-will, and that no statements have been made indicating otherwise, and that this policy cannot be changed except in a written document signed by an authorized officer of the company.

If accepted, I must conform also to all Company rules and regulations as made known at the time of employment or any other time thereafter; to perform all duties assigned to me to the best of my ability; and to be responsible to the Company for any loss or damage of any tools, keys, or any other property entrusted to my care.

The compensation paid to employees for services covers inventions and improvements pertaining to the business of the Company and that, as a further condition of employment in certain classes of work, it will be necessary to sign an agreement relating to the assignment of inventions to the Company.

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE SUFFICIENT REASON FOR DISCHARGE FROM THE SERVICES OF THE COMPANY.

_____ INITIALS

APPLICANT'S SIGNATURE

DATE

Emergency Notification

PLEASE INDICATE PERSON TO BE CONTACTED IN CASE OF AN EMERGENCY

NAME

RELATIONSHIP

ADDRESS, CITY, STATE, ZIP

TELEPHONE: HOME/MOBILE

()

TELEPHONE: WORK

()

Authority to Release Information

TO WHOM IT MAY CONCERN:

I hereby authorize The Company or his representative bearing this release, or copy thereof, to obtain any information in your file pertaining to my employment, credit or educational records, including, but not limited to academic achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit reports. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for The Company's official use.

I hereby release you, as a custodian of such records, and any school, college, university, or other educational institution hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency or related business establishment from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates, because of compliance with this authorization and request to release information or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name _____ (Signature) Current Address _____

Full Name _____ (Print or Type) Phone _____

Date _____

Notice to Disabled Veterans, Vietnam Era Veterans, and Persons with Physical or Mental Disabilities

Government contractors are subject to the Vietnam Era Veterans Reconstruction Act of 1974, and The Rehabilitation Act of 1973, as amended, which require that they take affirmative action to employ and advance in employment qualified disabled individuals and disabled Vietnam Era Veterans.

If you are a disabled veteran, or have a physical or mental disability, you may volunteer this information, confidentially, in the event the employer is now, or may become a contractor to the U.S. Government. Failure to provide this information will not harm your chances for employment.

We are an equal opportunity employer. We provide employment opportunities for all qualified employees without regard to race, color, religion, sex, national origin, age disability, or status as a veteran. Qualified candidates for employment are those who meet the requirements specified, and can perform the essential functions of the job for which they are applying.

If you wish to be identified, please sign below:

- Disabled Individual
 Disabled Veteran
 Vietnam Era Veteran

X _____
Signed

For Personnel Department Use Only

INTERVIEWED?

- No
 Yes ó Date:

REMARKS

FURTHER ACTION

EMPLOYED?

- No
 Yes ó Employment Date:

JOB TITLE

RATE

DEPARTMENT

BY (NAME AND TITLE)

DATE

PLEASE SAVE FORM TO YOUR COMPUTER THEN SEND TO HUMAN RESOURCES

Email: HumanResources@MurexPetroleum.com Fax: (866) 241-4096