

## MOHSEN OIL INC. EMPLOYMENT APPLICATION

### DRUG TESTING NOTICE TO ALL APPLICANTS

This is a notice to inform you that MOHSEN OIL, INC. promotes a drug free work environment. If a job offer is given to you then you may be require to submit to and pass a drug and alcohol test for the abuse of substances prior to being hired, a promotion, and following any work related injury, unless exception applies in California.

It is our policy to provide employment regardless of race, color, religion, disability, sex, or age.

#### PERSONAL

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Social Security Number</b>
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<b>Street Address</b> _____			
<b>City</b> _____	<b>State</b> _____	<b>Zip Code</b> _____	<b>Phone #</b> _____
<b>Emergency Contact</b> _____		<b>Address</b> _____	
<b>Phone #</b> _____		<b>Relationship</b> _____	
<b>Have you ever been employed by this company before?</b>			<b>Yes ---- No ----</b>
<b>Have you ever been convicted of a felony or misdemeanor?</b>			<b>Yes ---- No ----</b>
<b>Do you have any relative working for this company?</b>			<b>Yes ---- No ----</b>
<b>If hired is there anything to prevent you from reporting to work</b>			
<b>On schedule day on time?</b>			<b>Yes ---- No ----</b>
<b>Do you need any accommodation to perform all aspects of the job.</b>			<b>Yes ---- No ----</b>
<b>Referred By</b> _____			
<b>If you answered yes to any of the above questions please explain below.</b>			
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<b>Are you at least 18 years old?</b>			<b>Yes ---- No ----</b>
<b>Can you work legally in the U.S.A.?</b>			<b>Yes ---- No ----</b>

#### EMPLOYMENT DESIRE

**Position** \_\_\_\_\_ **Date you can start** \_\_\_\_\_ **Salary desired** \_\_\_\_\_

**Are you employed?** Yes - - - No - - - **If yes can we inquire your employers?** Yes - - No - - -

**Hours Available**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>From</b>							
<b>To</b>							

**EDUCATION HISTORY**

	Name & Location	Years Attended	Did you graduate?	Subject Studied
High School				
College				
Trades				

**FORMER EMPLOYERS (Begin with your most recent one)**

	Interviewer #1	Interviewer #2
1. Employer's Name _____ Street Address _____ City _____ State _____ Zip Code _____ Phone ( ) _____ From _____ To _____ Position _____ Manager's Name _____ Reason from Leaving _____ Salary _____		
2. Employer's Name _____ Street Address _____ City _____ State _____ Zip Code _____ Phone ( ) _____ From _____ To _____ Position _____ Manager's Name _____ Reason from Leaving _____ Salary _____		
3. Employer's Name _____ Street Address _____ City _____ State _____ Zip Code _____ Phone ( ) _____ From _____ To _____ Position _____ Manager's Name _____ Reason from Leaving _____ Salary _____		

**APPLICANTS SIGNATURE (Please read carefully before signing)**

**I certify that the facts contained in this application are true and complete without any omission of any kind to the best of my knowledge and belief. If employed I understand that any false information on this application or otherwise, shall cause termination of my employment, regardless of when discovered. You are hereby authorize to investigate all of the statements contain in this application and the references and employers listed above to give you any information concerning my pervious employment and any other related information they may have, and release the company from all liability for any damages that may result from obtaining such information except for any information about disability, medical conditions or any manner that is prohibited by American With Disability Act or other relevant federal or state law. I further agree that I do not have an employment contract and that my employment can be terminated, modified, with or without cause or notice by the company or me at any time.**

\_\_\_\_\_ **Applicant's Signature**

\_\_\_\_\_ **Date**

