



# BECK OIL, INC EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) Applied For	Date of Application
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Last Name	First Name	Middle Name
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Address	City	State	Zip Code
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Telephone Number(s)	Social Security Number
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If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you filed an application before?  Yes  No If Yes, give date:

Have you ever been employed with us before?  Yes  No If Yes, give date:

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in the country because of Visa or Immigration Status? (proof of citizenship or immigration status will be required upon employment)  Yes  No

If Yes, Please explain:

On what date would you be available to work?

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**Beck Oil, Inc.**

**16640 D Street, Victorville CA 92395**

# Education

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School			
Undergraduate School			
Graduate College			
Other (Specify)			

Indicate any foreign languages you can speak, read, and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills; include any job-related military service assignments and training.

List professional, trade, business, or civic activities and offices held. <i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.</i>

Describe any job-related training you feel may be helpful to us in considering your application

# Employment Experience

Start with your present or last job. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

NAME:	FROM MO:      YR:	TO MO:      YR:
ADDRESS:	POSITION HELD	
CITY:                      STATE:                      ZIP:	REASON FOR LEAVING	
CONTACT PERSON:                      PHONE:		
MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		

NAME:	FROM MO:      YR:	TO MO:      YR:
ADDRESS:	POSITION HELD	
CITY:                      STATE:                      ZIP:	REASON FOR LEAVING	
CONTACT PERSON:                      PHONE:		
MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		

NAME:	FROM MO:      YR:	TO MO:      YR:
ADDRESS:	POSITION HELD	
CITY:                      STATE:                      ZIP:	REASON FOR LEAVING	
CONTACT PERSON:                      PHONE:		
MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		

NAME:	FROM MO:      YR:	TO MO:      YR:
ADDRESS:	POSITION HELD	
CITY:                      STATE:                      ZIP:	REASON FOR LEAVING	
CONTACT PERSON:                      PHONE:		
MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## Additional Information

### Specialized Skills - Check Skills/Equipment Operated

- |                                                    |                                        |
|----------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Copier/Fax Machines       | <input type="checkbox"/> Cash Register |
| <input type="checkbox"/> Calculator/10 Key         | <input type="checkbox"/> Copier        |
| <input type="checkbox"/> Computer                  | <input type="checkbox"/> Forklift      |
| <input type="checkbox"/> Windows Operating Systems |                                        |
| <input type="checkbox"/> Microsoft Excel           |                                        |
| <input type="checkbox"/> Microsoft Word            |                                        |
| <input type="checkbox"/> Other                     | Explain: _____                         |

## References

Name	Telephone
Name	Telephone
Name	Telephone
Name	Telephone

I certify that answers given herein are true and complete to the best of my knowledge.  
 I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.  
 This application for employment shall be considered active for a period of time not to exceed 180 days.  
 I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.  
 In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

FOR PERSONNEL DEPARTMENT USE ONLY

# **APPLICATION REQUEST FOR SUBMISSION OF URINE SAMPLES AND AUTHORIZATION TO TEST URINE SAMPLES**

**BECK OIL, INC.**, hereby requests that you, as an applicant for employment, provide a urine sample and consent to the testing of said urine sample for the presence of drugs.

You are hereby advised:

1. That the request for you to provide a urine sample to be tested for drugs is not the result of a random selection but is based upon BECK OIL, INC.'S policy.
2. That you as an applicant for employment of BECK OIL, INC., are required as a condition of employment to provide a urine sample and to agree that it may be tested for drugs.
3. That your refusal to provide urine sample and/or refusal to consent to its testing for drugs may have an effect on your application for employment.
4. That in the event you agree to provide a urine sample and consent to its testing for the presence of drugs and drugs are found to be present in your urine, such findings may result in rejection of your application for employment.
5. That your refusal to provide urine sample and/or to consent to its testing for drugs may be cause for rejection of your employment.

I have read the foregoing request for submission of urine samples and authorization to test urine samples. I understand that I may refuse to comply with this request; however, my refusal may result in rejection of my application for employment. I agree to provide a urine sample to a laboratory selected by BECK OIL, INC., and I consent to the testing of said sample by the laboratory for the presence of drugs, and I further consent that the results of that testing may be given to BECK OIL, INC.

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**SOCIAL SECURITY NUMBER**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**WITNESS SIGNATURE**