

To print and fax click the print button above or click File then Print.



PO Box 7, Humble, TX 77346  
Tel: (281) 590-3313 – Fax: (866) 241-4096

To submit by E-Mail click the Submit Form button above. You must be using Adobe Acrobat for this to work.

## EMPLOYMENT APPLICATION

*The information given on this form is for company use only. It will be to the applicant's advantage to answer each question fully and accurately. The use of this form does not indicate that there are any positions open and does not in any way obligate the company.*

*Murex Petroleum Corporation is an Equal Opportunity Employer.*

Applicant Information							
FULL NAME (FIRST, MIDDLE, LAST)			EMAIL ADDRESS			TODAY'S DATE	
PRESENT ADDRESS (STREET, CITY STATE, ZIP)							
SOCIAL SECURITY NUMBER			HOME PHONE NUMBER		ALTERNATE PHONE NUMBER		
ARE YOU A UNITED STATES CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No			IF NO, ARE YOU AUTHORIZED BY THE U.S. IMMIGRATION SERVICE TO ACCEPT EMPLOYMENT? (Note: Proof of Citizenship or Immigration Status will be required upon employment.) <input type="checkbox"/> No <input type="checkbox"/> Yes (Visa Number: _____)				
HAVE YOU BEEN CONVICTED OF A FELONY, OR RELEASED FROM PRISON IN THE PAST 10 YEARS? A YES ANSWER DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT SINCE THE NATURE OF THE OFFENSE, DATE AND TYPE OF JOB WHICH YOU ARE APPLYING WILL BE CONSIDERED. IF YES, PLEASE EXPLAIN: <input type="checkbox"/> Yes <input type="checkbox"/> No							
REFERRED BY: <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Just Stopped By <input type="checkbox"/> Friend <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other:							
DO YOU HAVE A FRIEND OR FAMILY MEMBER CURRENTLY EMPLOYED WITH US? IF SO, WHO?							
HAVE YOU APPLIED FOR A JOB HERE BEFORE? WHEN? <input type="checkbox"/> Yes <input type="checkbox"/> No				HAVE YOU WORKED HERE BEFORE? WHEN? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ARE YOU PRESENTLY EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No				MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Position Desired							
WHAT JOB ARE YOU APPLYING FOR?							
SALARY EXPECTED		TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp		IF TEMPORARY, HOW LONG?		IF PART-TIME, WHAT DAYS AND HOURS?	
ON WHAT DATE COULD YOU START WORK?							
WILLING TO WORK SHIFTS? <input type="checkbox"/> Yes <input type="checkbox"/> No		HOURS AVAILABLE		WILL YOU TRAVEL IF THE JOB REQUIRES IT? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Education							
NAME	LOCATION	DATES ATTENDED		MAJOR COURSE	DEGREE <input type="checkbox"/> Yes <input type="checkbox"/> No	GRADE AVERAGE	
		FROM	TO			Overall	Major
HIGH SCHOOL							
COLLEGE							
GRADUATE SCHOOL							
OTHER							
* IF NOT A HIGH SCHOOL GRADUATE, INSERT NUMBER OF SCHOOL YEARS COMPLETED.				** IF NO DEGREE HAS BEEN OBTAINED, INSERT NUMBER OF COLLEGE CREDIT HOURS COMPLETED.			
Activities							
List any extra-curricular activities or honors received that might be helpful in considering your application. You may exclude activities which would reveal your age, sex, race, religion, national origin, ancestry, disability, or other protected status.							

## 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 – START	SALARY – END	IMMEDIATE SUPERVISOR'S 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 – START	SALARY – END	IMMEDIATE SUPERVISOR'S 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 – START	SALARY – END	IMMEDIATE SUPERVISOR'S 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 – START	SALARY – END	IMMEDIATE SUPERVISOR'S 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

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 \_\_\_\_\_

