



Corporate Office: 1543 West 16th Street • Long Beach, CA 90813
(562) 432-3946 HR Fax (562) 628-9798 www.amberresources.com

EMPLOYMENT APPLICATION

“An Equal Employment Opportunity Employer”

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS. RESUME WILL NOT BE ACCEPTED IN LIEU OF A COMPLETED EMPLOYMENT APPLICATION.

Date	Last	First Name	Middle
Address		Unit/Apt.#	City, State, Zip
Home Phone ()		Cell Phone: ()	Best time to call?
Employment Desired (Position Applying for):			
Location Desired:			
Schedule Restrictions? (List all days and times you are not available to work)			
Are you available to work: Overtime? Nights? Weekends? Holidays? Out of Town/Overnight?			

DO NOT WRITE BELOW THIS LINE. Continue to page 2

FOR HR USE ONLY

Application Received by: _____ Date Received: _____

Pre Screened: Yes No Date: _____ by: _____

1st Interview Completed On: _____ By: _____

2nd Interview Completed On: _____ By: _____

Position Offered: _____ Accepted Declined _____

Starting Rate: _____ Other : _____

Are you at least 18 years old? *If under 18, hire is subject to verification that you are of the minimum legal age to work in the position you are hired for.* YES NO

If hired, can you present evidence of your legal right to live and work in the United States? YES NO

Have you ever applied to or worked for Sawyer Petroleum before? YES NO | If yes, when?

Do you have any friends or relatives working for Sawyer Petroleum? YES NO

If yes, state name(s) and relationship(s):

Rate of Pay Expected?

If hired, would you have a reliable means of transportation to and from work? YES NO

The position you are applying for may require you to drive. Please list any traffic convictions (other than parking violations), forfeitures and accidents for the past 3 years:

Date: Violation/Accident Details:

Date: Violation/Accident Details:

Date: Violation/Accident Details:

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation(s)? YES NO *If no, describe below, the functions that cannot be performed.*

NOTE: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicant/employees to perform essential functions. Hire is subject to passing a medical examination, skill and agility test.

NOTE: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of offense, surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

EDUCATION, TRAINING & EXPERIENCE

HIGH SCHOOL	Name	Years Complete:	
	Address	Did You Graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	City, State	Degree or Diploma?	<input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE/ UNIVERSITY	Name	Years Complete:	
	Address	Did You Graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	City, State	Degree or Diploma?	<input type="checkbox"/> YES <input type="checkbox"/> NO
VOCATIONAL/ BUSINESS	Name	Years Complete:	
	Address	Did You Graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	City, State	Degree or Diploma?	<input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT HISTORY

You MUST complete this section, even if attaching a resume.

List all present and past employment starting with **MOST RECENT** employer (last ten years is sufficient).

Account for all periods of unemployment.

Employer		Telephone	
Type of Business		Contact Person	
Address		City, State, Zip Code	
Dates of Employment	To	Hourly Pay \$	OR Annual Pay?
Your Position	Duties		
Reason for Leaving			
May We Contact This Employer To Verify Your Employment With Them? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Employer		Telephone	
Type of Business		Contact Person	
Address		City, State, Zip Code	
Dates of Employment	To	Hourly Pay \$	OR Annual Pay?
Your Position	Duties		
Reason for Leaving			
May We Contact This Employer To Verify Your Employment With Them? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Employer		Telephone	
Type of Business		Contact Person	
Address		City, State, Zip Code	
Dates of Employment	To	Hourly Pay \$	OR Annual Pay?
Your Position	Duties		
Reason for Leaving			
May We Contact This Employer To Verify Your Employment With Them? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYMENT HISTORY

Employer		Telephone	
Type of Business		Contact Person	
Address		City, State, Zip Code	
Dates of Employment	To	Hourly Pay \$	OR Annual Pay?
Your Position	Duties		
Reason for Leaving			
May We Contact This Employer To Verify Your Employment With Them? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Employer		Telephone	
Type of Business		Contact Person	
Address		City, State, Zip Code	
Dates of Employment	To	Hourly Pay \$	OR Annual Pay?
Your Position	Duties		
Reason for Leaving			
May We Contact This Employer To Verify Your Employment With Them? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Employer		Telephone	
Type of Business		Contact Person	
Address		City, State, Zip Code	
Dates of Employment	To	Hourly Pay \$	OR Annual Pay?
Your Position	Duties		
Reason for Leaving			
May We Contact This Employer To Verify Your Employment With Them? <input type="checkbox"/> YES <input type="checkbox"/> NO			

PROFESSIONAL REFERENCES

Name	Phone Number	Profession:
Name	Phone Number	Profession:
Name	Phone Number	Profession:

READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW.

Drug & Alcohol Free Work Place Notice and Testing Policy

Sawyer Petroleum (hereinafter referred to as “ the Company”) is committed to maintaining a safe, healthy and efficient working environment for all of its employees. The presence of alcohol and drugs in the work place, and the influence of those substances on employees pose serious safety and health risks to both the user and to all those who work with him or her. Impairments from drugs or alcohol threaten everyone’s safety and the success of our operation.

We need not and will not accept any risk to safety, quality or productivity that may be caused by alcohol abuse and/or drug use by employees. Compliance with the Company’s alcohol and drug program is a term and condition of employment.

The Company has implemented a post-offer, post-accident and for cause drug and alcohol testing policy for all employees. All hires will be tested for drug and alcohol use. It is also a term and condition of employment that employees submit to a drug or alcohol test if the Company has reasonable cause to believe the employee is impaired while on the premises. Refusal to submit to a reasonable cause test or any positive test result is grounds for discipline up to and including termination.

Applicant Acceptance

I have read and understand the Company’s Alcohol and Drug Policy and understand if offered employment, I must agree to undergo drug and alcohol testing and to cooperate with the testing program. I also understand if I become employed by the Company, I am subject to the drug and alcohol testing policy. I understand and accept that consent to drug and alcohol testing is a term and condition of employment with the Company. By signing below, I hereby and voluntarily agree to submit to the post-offer drug test as required by the Company’s policy.

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application and I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further, authorize the references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment if for no definite or determinable period of time and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promise or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company’s designated representative.

Initials

Printed Name _____ **Social Security Number** _____

Signature _____ **Date** _____