



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

Today's Date	Position Applying for:		
Last Name	First Name	Middle	
Address	Unit/Apt.#	City, State, Zip	
Home Phone ()	Cell Phone: ()	Best time to call?	
Work Location Desired	Rate of Pay	Per: Hour / Year	
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?			
Are you at least 18 years old? <i>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.</i> <input type="checkbox"/> YES <input type="checkbox"/> NO			
If hired, can you present evidence of your legal right to live and work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you ever applied to or worked for Sawyer Petroleum before? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, when?	
Do you have any friends or relatives working for Sawyer Petroleum? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, state name(s) and relationship(s):			
The position you are applying for may require you to drive and maintain an insurable driving record with our insurer. Please list any traffic convictions (other than parking violations), suspensions/forfeitures and/or accidents received within the last 3 years:			
Date:	Violation/Accident Details:		
Date:	Violation/Accident Details:		
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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.			
Did you review the job description for the position you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you able to perform the essential functions of the position, either with or without reasonable accommodation(s)?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, describe in detail below, the functions that cannot be performed.</i>			

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	
Your Position	Duties		
Dates of Employment	___/___/___ to ___/___/___	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	
Your Position	Duties		
Dates of Employment	___/___/___ to ___/___/___	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	
Your Position	Duties		
Dates of Employment	___/___/___ to ___/___/___	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
Your Position	Duties	
Dates of Employment	___/___/___ to ___/___/___	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
Your Position	Duties	
Dates of Employment	___/___/___ to ___/___/___	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:

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 immediate 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

Applicant Acceptance Continued

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 is 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** _____

For HR/Management Use