



EMPLOYMENT APPLICATION

The information given on this form is solely for the use of Southern Petroleum Laboratories, Inc. ("SPL") and will be held in the strictest of confidence. It will be to the applicant's advantage to answer each question fully and accurately. The use of this form does not obligate SPL in any way.

Please print

				Date
PERSONAL	Last Name	First	Middle	Email Address
	Present Address –Street	City, State	Zip Code	Contact Phone #
	Alternate Address –Street	City, State	Zip Code	Alternate Phone #
	Referred By	Position(s) Applied For		
	Do you have any friends, relatives, or acquaintances that work for SPL? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, provide name and relationship.	
	Date Available for Employment	Starting Salary Desired	Geographical Locations Preferred	
	Are you willing to:	Travel? Yes <input type="checkbox"/> No <input type="checkbox"/>	Work Overtime? Yes <input type="checkbox"/> No <input type="checkbox"/>	Transfer? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are you over the age of 18? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever applied to and/or worked for SPL before? If Yes, please explain below. Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Are you eligible to work in United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Complete all applicable information.

EMPLOYMENT BACKGROUND	1. Present (or last) Employer Company Name	Address	City, State, Zip	Phone #
	Dates: From – To	Starting Base Salary \$	Current Base Salary \$	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Job Title	Supervisor	Reason for Leaving	
	Brief description of duties (include number of persons supervised, if applicable)			
	2. Previous Employer Company Name	Address	City, State	Phone #
	Dates: From – To	Starting Base Salary \$	Ending Base Salary \$	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Job Title	Supervisor	Reason for Leaving	
	Brief description of duties (include number of persons supervised, if applicable)			
	3. Previous Employer Company Name	Address	City, State, Zip	Phone #
	Dates: From – To	Starting Base Salary \$	Ending Base Salary \$	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Job Title	Supervisor	Reason for Leaving	
	Brief description of duties (include number of persons supervised, if applicable)			
	4. Previous Employer Company Name	Address	City, State, Zip	Phone #
	Dates: From – To	Starting Base Salary \$	Ending Base Salary \$	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Job Title	Supervisor	Reason for Leaving	
	Brief description of duties (include number of persons supervised, if applicable)			

Schools Attended and Locations		Course of Study	Degree Obtained	Certification(s)/License(s)
EDUCATION	High School		<input type="checkbox"/> Diploma <input type="checkbox"/> GED	
	College		<input type="checkbox"/> Diploma	
	College		<input type="checkbox"/> Diploma	
	College		<input type="checkbox"/> Diploma	
	Other		<input type="checkbox"/> Diploma <input type="checkbox"/> Certificate	

MILITARY	Active Duty Branch	Dates of Active Duty	Highest Rank Attained
	Reserve Status	Reserve Branch	

SKILLS	Language Fluency	Speak	Read	Write	Describe any specialized training, apprenticeship, skills, and extra-curricular activities. _____ _____ _____
	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

List three (3) professional references most familiar with your abilities (supervisors preferred).

REFERENCES	Name and Association	Years Known	Occupation	Email Address	Phone Number
	Name and Association	Years Known	Occupation	Email Address	Phone Number
	Name and Association	Years Known	Occupation	Email Address	Phone Number

Applicant must review and sign below.

APPLICANT'S STATEMENT	<p>SPL is an equal opportunity employer. SPL does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, gender, sexual orientation, marital status, physical or mental disability, military status, or unfavorable discharge from military service.</p> <p>I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for SPL to hire me. If I am hired, I understand that either SPL or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of SPL has the authority to make any assurance to the contrary.</p> <p>I attest with my signature below that I have given to SPL true and complete information on this application. No requested information has been concealed. I also understand that SPL may request to contact references provided for employment reference checks and, under consistent hiring practices, may require pre-employment screening and background verification as a condition of employment upon any employment offer. If any information that I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.</p>	
	Signature of Applicant	Date

FOR SPL PERSONNEL DEPARTMENT USE ONLY

Arrange Interview? <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks: _____
Interviewer: _____	_____
Date: _____	_____
Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Employment: _____
Job Title: _____	Hourly Rate/Salary: _____ Department: _____
Notes: _____	_____
_____	_____