



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
-------------------------	---------------------

Last Name	First Name	Middle Name
-----------	------------	-------------

Address	City	State	Zip Code
---------	------	-------	----------

Telephone Number(s)	Social Security Number
---------------------	------------------------

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 fell 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



Mobile Occupational Services, Inc.

Partners for a Quality Workforce

11687 Hesperia Rd • Hesperia, California 92345 • (760) 244-6886

Questions 800-429-9333

Fax 760-244-6061

Disclosure and Authorization Form

Notice Regarding Background Information

Notice is hereby given that _____ (“Company”) intends to request Mobile Occupational Services, Inc. (“MOS”), an Investigative Consumer Reporting Agency, to obtain information about you in the course of the Company’s consideration of your application for employment, promotion, reassignment or retention. Thus you may be the subject of a consumer report / investigative consumer report as defined by the FCRA/ICRAA. These investigative reports include information about one’s character, general reputation, personal characteristics, and mode of living. This report is compiled through the following sources: education verification, license verification, names and dates of previous/current employment, work experience, work habits, work performance, workers compensation claims, criminal history, sex offenders lists, wants and warrants records, motor vehicle records, and military records. The information contained in an investigative consumer report will be obtained from private and/or public record sources, including sources identified by you or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances. Reports may be obtained at any time after receipt of authorization and may be updated periodically if you remain an employee of the Company, as permitted by law.

The nature and scope of any investigative consumer report that may be requested is explained above. You have the right upon written request, made within a reasonable time after receipt of this notice, to request more information about the nature and scope by contacting the following: Mobile Occupational Services, Inc., 11687 Hesperia Rd., Hesperia, CA 92345 760-244-6886 800-429-9333 or by fax to 760-244-6061.

Additional State Law Notices

If you live or are applying for a job in the state of California, Maine, or New York, please review these notices.

CALIFORNIA: Mobile Occupational Services, Inc. (MOS) will provide you with a copy of an investigative consumer report when required to do so under California law. When you provide proper identification you may view Mobile Occupational Services, Inc.’s file maintained on you by any of the following methods: by appearing in person at Mobile Occupational Services, Inc.’s office during normal business hours with reasonable notice, via telephone (upon receiving a written request for telephone disclosure), or by a requesting a copy by certified mail (MOS will not be liable for disclosures to third parties caused by mishandling of mail). If you appear in person one other person may accompany you, provided that person furnishes proper identification.

MAINE: You have the right upon request, to be informed of whether an investigative consumer report was requested. If a report was requested, you may be informed of the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our

receipt of your request, the name, address, and telephone number of the nearest unit designated to handle inquiries for the consumer-reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and properly receive from all such consumer reporting agencies copies of any such investigative consumer reports.

NEW YORK: You have the right, upon written request, to be informed of whether or not an investigative consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

Authorization

I acknowledge that I have carefully read and understand this Disclosure and Authorization form. By my signature below, I authorize the obtaining of consumer reports and/or investigative consumer reports prepared by Mobile Occupational Services, Inc. and its agents, to the Company. I understand my consent will apply now as well as throughout my employment with the Company, to the extent permitted by law. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university, information service bureau, employer, and reference, to furnish any and all background information sought by Company or by Mobile Occupational Services, Inc., acting on Company's behalf. I agree that a facsimile ("fax") or photocopy of this Authorization shall be as valid as the original.

California, Minnesota, and Oklahoma applicants or residents: Please check the box below if you would like to receive a copy of your consumer report or investigative consumer report, if one is obtained by the Company, whenever you have a right to receive such a copy under state law.

Signature _____ Date _____

The following information is for identification purposes only. Please print clearly.

Name (First, Middle, Last) _____

Social Security Number: _____ - _____ - _____ Date of Birth _____ / _____ / _____
Month Day Year

Driver's License Number: _____ State: _____

Other names used during the past 7 years:

Name (First, Middle, Last) _____

Name (First, Middle, Last) _____

Name (First, Middle, Last) _____

Address Information

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Other places of residence over the past 7 years

City: _____ County: _____ State: _____ Zip: _____

City: _____ County: _____ State: _____ Zip: _____

City: _____ County: _____ State: _____ Zip: _____

City: _____ County: _____ State: _____ Zip: _____