Note: Murphy Company prefers you complete the internal application online. However, if you download and complete this application, we ask that you also complete the pre-offer self-identification forms (contained at the end of this document) and return those along with this application to the facility at which you wish to apply.

Murphy Company

Application for Employment

Please read carefully and complete by printing in ink

Last name	First	Middle Initial	Are you at least 18 years old?	Date of application
Street address			Specific job desired	
City	State	ZIP	Home telephone	Work telephone

How were you referred to our Company? (Circle one.)	A By your school	B Advertisement	C Employment agency	D By an employee	If so, give name:	E Recruiting Source	F Walk-in	G Other

Please read carefully and complete by printing in ink or typing.

An Equal Opportunity Employer

We are an equal opportunity employer. We provide equal opportunity to all applicants, including veterans and people with disabilities. Information provided on this application will not be used for any discriminatory purpose.

Provide all information requested.

This employment application will be kept in an active application file for forty-five (45) days unless it is screened out. Your application will be considered only for the job(s) for which you have applied. To keep your application active, you must return to this office after thirty (30) days but prior to forty-five (45) days and request your application be renewed. At that time you will be requested to date and sign a renewal form and make any appropriate updates to your application. This application renewal process must be repeated every forty-five days to keep your application under consideration for employment with our Company.

Are you seeking Full-Time, Part-Time, or Temporary employment? ☐ Full-Time ☐ Part-Time ☐ Temporary	
Are you presently employed? ☐ Yes ☐ No If yes, may we contact your present employer? ☐ Yes ☐ No	
Shift Preference ☐ Day ☐ Swing ☐ Graveyard ☐ Roto	Are you 18 years of age or older? ☐ Yes ☐ No
Wage or salary required:	Date available:

Employment Record

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

Most recent employer	**Type of business**		**Type or classification of job**
Street address		Phone number	Brief description of job duties
City	State	ZIP code	
Supervisor's name		Phone number	
Dates worked From	To		
Reason for leaving			

Application for Employment

Prior Employer		**Type of business**	**Type or classification of job**
Street address		Phone number	Brief description of job duties
City	State	ZIP code	
Supervisor's name		Phone number	
Dates worked From	To		
Reason for leaving			

Prior Employer		**Type of business**	**Type or classification of job**
Street address		Phone number	Brief description of job duties
City	State	ZIP code	
Supervisor's name		Phone number	
Dates worked From	To		
Reason for leaving			

Prior Employer		**Type of business**	**Type or classification of job**
Street address		Phone number	Brief description of job duties
City	State	ZIP code	
Supervisor's name		Phone number	
Dates worked From	To		
Reason for leaving			

Prior Employer		**Type of business**	**Type or classification of job**
Street address		Phone number	Brief description of job duties
City	State	ZIP code	
Supervisor's name		Phone number	
Dates worked From	To		
Reason for leaving			

Prior Employer		**Type of business**	**Type or classification of job**
Street address		Phone number	Brief description of job duties
City	State	ZIP code	
Supervisor's name		Phone number	
Dates worked From	To		
Reason for leaving			

Educational History

School name	Location (city, state)	Major course or subject	Graduated Yes	Graduated No	Degree
High school					
Technical/trade (after high school)					
College (list all attended)					
Other education/training					

Outside Activities

(Exclude those indicating race, color, religion, sex, national origin, age, or disability.)

Professional memberships, certificates, or licenses held

Past and present civic or cultural activities — include offices held

Principal hobbies

Special Skills

To be completed by applicant for office/clerical work

Typing	Yes No	Words per minute:
Dictation	Yes No	Words per minute:
Computer skills	Hardware Software	

Please list other skills and/or equipment/language experience you have acquired

Special Skills for Shop/Plant Work

To be completed by applicant for shop/plant work

Type of machines operated	Years experience

List other shop/production skills

Served apprenticeship Yes No Type:

Application for Employment

Military Record

Branch of service From To

Kinds of training and duty while in service

Professional/Work References

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title/relationship	Address (street, city, state, ZIP code)	Phone no. (include area code)	Occupation

Have you ever applied for employment with us? ☐ Yes ☐ No If yes, when?

Have you ever worked for us before? ☐ Yes ☐ No If yes, when?

To qualify for employment at Murphy Company you will need to provide evidence of United States citizenship, or authorization to work in the United States, as required by the Immigration Reform and Control Act of 1986.

If employed by Murphy Company I will agree to abide by all present and subsequent Company rules. I understand that a drug test may be required of me before final acceptance as an employee. I also understand that my employment would be at will for no definite period and may be terminated by either me or the Company at any time, for any reason.

I certify that answers provided on this application are true and correct to the best of my knowledge. I authorize Murphy Company to investigate any statement on this application and authorize any reference listed, to provide information requested in the investigation concerning employment, character and qualifications. I understand that intentional false or misleading information or omissions made by me in this application are grounds to deny employment or, if hired, to terminate employment at any time.

_____ _____

Date Signature

If any of your educational or employment records are under other than the above name, please provide other names.

Pre-Offer Form—Invitation to Self-Identify
(For Federal Contractors)

We ask all applicants to provide the information requested below. It is confidential and kept separate from your other application materials. Providing this information is totally voluntary and refusing to provide it will not result in any adverse treatment. We are a federal contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act (VEVRAA), which requires us to track our employment of protected veterans. In compliance with this law, our Affirmative Action Program for protected veterans requires us to engage in outreach, report certain data, and assess our efforts. The information you provide will be used only in ways that are consistent with this law. We are committed to equal employment opportunity for all employees in all matters of employment (such as hiring, promotion, transfer, training, layoff, compensation, fringe benefits and termination), regardless of race/ethnicity, color, religion, sex, sexual orientation, gender identity, national origin, disability, protected veteran status, age, or any other status protected by law. Please check the appropriate box below and return this form to the facility at which you wish to apply as soon as possible. Thank you!

Print name: _____ Job applied for: _____

Are you a protected veteran?	☐	**Yes.** Includes: **Disabled veteran** (veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or would be if not receiving military retired pay) under laws administered by the Secretary of Veterans Affairs or a person who was discharged or released from active duty because of a service-connected disability), **Active duty wartime or campaign badge veteran** (veteran who served on active duty in the U.S. military, ground, naval or air service during a *period of war* [Korean Conflict: June 27, 1950 – January 31, 1955; Vietnam Era: February 28, 1961 – May 7, 1975 for veterans serving in the Republic of Vietnam or August 5, 1964 – May 7, 1975 for all other cases; Persian Gulf War: August 2, 1990 – current] *or in a campaign or expedition* for which a campaign badge has been authorized under the laws administered by the Department of Defense), **Armed Forces Service Medal veteran** (veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a U.S. military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985), or **Recently separated veteran** (any veteran during the 3-year period beginning on the date of the veteran's discharge or release from active duty in the U.S. military, ground, naval or air service).
	☐	**No.**
Sign here	Signature:	Date: