

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? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Shift Preference <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Roto	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> 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	Phone number	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		

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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		

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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		Degree
			Yes	No	
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

Special Skills for Shop/Plant Work

To be completed by applicant for office/clerical work

To be completed by applicant for shop/plant work

Typing	Yes No	Words per minute:	Type of machines operated	Years experience
Dictation	Yes No	Words per minute:		
Computer skills	Hardware Software			
Please list other skills and/or equipment/language experience you have acquired	List other shop/production skills			
	Served apprenticeship	Yes No	Type:	

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 Executive Order 11246 (which requires us to track applicants' and employees' ethnicity/race and gender for statistical purposes) and the Vietnam Era Veterans' Readjustment Assistance Act (which requires us to employ and promote protected veterans). In compliance with these laws, our Affirmative Action Program requires us to engage in outreach, monitor our employment decisions to ensure they are nondiscriminatory, report certain data, and track our progress. The information you provide will be used only in ways that are consistent with these laws. 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 boxes below and return this form to the facility at which you wish to apply. Thank you!

Print name: _____

Job applied for: _____

What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female
Are you Hispanic?	<input type="checkbox"/> Yes. Hispanic means a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. If you check this box, you may skip the next question. <input type="checkbox"/> No. Continue to the next question.
What is your race?	<input type="checkbox"/> White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa. <input type="checkbox"/> Black or African American: A person having origins in any of the black racial groups of Africa. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands. <input type="checkbox"/> Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam. <input type="checkbox"/> American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains cultural identification through tribal affiliation or community recognition. <input type="checkbox"/> Two or More Races: All persons who identify with more than one of the above five races.
Are you a protected veteran?	<input type="checkbox"/> 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 <i>period of war</i> [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] <i>or in a campaign or expedition</i> 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). <input type="checkbox"/> No.
Sign here	Signature: _____ Date: _____

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____