

365 ENERGY SERVICES LLC

An Ag & Oil Affiliate

EMPLOYMENT APPLICATION

TO APPLICANT: We deeply appreciate your interest in our organization. Thank you for taking the time to complete this application. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to credit data. This list, however, is not exhaustive of the grounds on which discrimination is prohibited.

(PLEASE PRINT PLAINLY)

PERSONAL

Name _____ Date _____

Address _____ Phone # _____

City _____ State _____ Zip _____ Social Security # _____

Are you legally eligible for employment in the USA? Yes ___ No ___ If hired, you are required to submit proof of your eligibility to work in the USA.

Are you over the age of eighteen? Yes ___ No ___ If no, hire is subject to verification that you are of minimum legal age.

Position(s) applied for _____

Were you previously employed by us? Yes ___ No ___ If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

Are there any other job related experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? _____

Have you been convicted of a major crime (felony) in the past? Yes ___ No ___

(Do not answer Yes if the conviction has been pardoned, annulled, expunged, sealed or impounded by a court.)

If yes, please give the conviction date and nature of the offense _____

A conviction record will not necessarily bar employment.

EMPLOYMENT EXPERIENCE: List below present and past employment, beginning with your most recent

Employer 1 _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Supervisors' Name _____
Job Title _____ Reason for leaving _____
Dates of Employment: From _____ To _____ Salary or Hourly rate _____
Describe the work you did: _____

Employer 2 _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Supervisors' Name _____
Job Title _____ Reason for leaving _____
Dates of Employment: From _____ To _____ Salary or Hourly rate _____
Describe the work you did: _____

Employer 3 _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Supervisors' Name _____
Job Title _____ Reason for leaving _____
Dates of Employment: From _____ To _____ Salary or Hourly rate _____
Describe the work you did: _____

Employer 4 _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Supervisors' Name _____
Job Title _____ Reason for leaving _____
Dates of Employment: From _____ To _____ Salary or Hourly rate _____
Describe the work you did: _____

I hereby give permission to contact the employers listed above concerning my prior work experience as indicated below.

- Employer 1 Yes ___ No ___
Employer 2 Yes ___ No ___
Employer 3 Yes ___ No ___
Employer 4 Yes ___ No ___

Signed _____

RECORD OF EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8

High School: 1 2 3 4

College: 1 2 3 4

Last School Attended (Name) _____ (City, State) _____

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number
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May we telephone you to follow up on this application at home? Yes ___ No ___

If yes, what is the best time to call? _____

May we telephone you to follow up on this application at work? Yes ___ No ___

If yes, what is the best time to call? _____

What is your business telephone number? _____

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by an officer.

Signature of Applicant

365 ENERGY SERVICES LLC

An Ag & Oil Affiliate
4584 HWY 81 Rush Springs, OK 73082
PH: 580-861-3040
FAX: 580-861-3001

Attn: HR Department

DriversName(print): _____ SSN: _____

I hereby authorize and request

Prior Employer _____

Address _____

City, St, Zip _____

Telephone No _____ Fax No _____

to release any and all information pertaining to my employment records as required by 49 CFR§391.23 to the above named company. You are released from any and all liability which may result from releasing such information.

S i g n e d : D a t e: _____

The above applicant shows that he/she worked for you from _____ to _____

Did the applicant have any accidents? Yes No

Date	Location City/State	# Injuries	# Fatalities	HM Spill?
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Did the driver violate any section of 49 CFR Subpart B?

Did the employee have alcohol tests with a result of 0.04 or higher? Yes No

Did the employee have verified positive drug tests? Yes No

Did the employee use alcohol on duty? Yes No

Did the employee refuse to be tested? Yes No

Did the employee have other violations of DOT agency drug and alcohol testing regulations? Yes No

If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? Yes No N/A

Did a previous employer report a drug and alcohol rule violation to you? Yes No

If you answered "yes" to any item in this section, you must also transmit a copy of the appropriate documentation (e.g., CCFs, MRO results reports, BATFs, SAP reports, follow-up testing record). 49 CFR Section 40.25

Reason for leaving your employment. Discharged Laid Off Resigned Other: _____

Signature of Person Providing Information _____ Title _____

Date _____ Phone # _____