

INTER-STATE OIL COMPANY

APPLICATION FOR EMPLOYMENT

PLEASE PRINT

Inter-State Oil Co. considers all applicants for employment without regard to race, color, creed, religion, age, sex, national origin, ancestry, sexual orientation, gender, gender identity, marital status, military status, genetics information or the presence of any physical or mental condition or disability, in accordance with applicable law. Inter-State Oil Company also provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws. If you require an accommodation in the pre-employment process, please notify Inter-State Oil Co.

| | | | | | |
|---|---|---------------------------------|-----------------------|----------|---|
| LAST NAME | FIRST NAME | | MIDDLE NAME | | DATE |
| STREET ADDRESS | | | CITY | | |
| COUNTY | STATE | ZIP CODE | HOME TELEPHONE NUMBER | | HOW LONG AT CURRENT ADDRESS? |
| PRIOR ADDRESS | STREET ADDRESS | | CITY | | |
| | COUNTY | | STATE | ZIP CODE | HOW LONG AT PRIOR ADDRESS? |
| POSITION(S) APPLIED FOR: | IF YOU ARE UNDER AGE EIGHTEEN (18), CAN YOU PROVIDE A WORK PERMIT IF OFFERED A JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DATE AVAILABLE TO START: | STATUS DESIRED: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY | | | | WHAT ARE YOUR SALARY REQUIREMENTS? |
| HAVE YOU EVER APPLIED FOR A POSITION OR WORKED FOR THIS ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO | | IF YES, SPECIFY WHEN AND WHERE: | | | |

LIST NAMES OF RELATIVES, FRIENDS, OR ACQUAINTANCES WHO HAVE WORKED OR ARE CURRENTLY EMPLOYED IN OUR ORGANIZATION:

CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? ☐ YES ☐ NO

EDUCATION

| TYPE OF SCHOOL | NAME AND ADDRESS OF SCHOOL | MAJOR/SUBJECTS STUDIED | UNITS COMPLETED AND/OR GRADE AVERAGE | GRADUATE? YES/NO | DEGREE OR DIPLOMA RECEIVED? (TYPE) |
|----------------------------|----------------------------|------------------------|--------------------------------------|------------------|------------------------------------|
| HIGH SCHOOL | | | | | |
| | | | | | |
| BUSINESS/ TRADE/ TECHNICAL | | | | | |
| | | | | | |
| COLLEGE OR UNIVERSITY | | | | | |
| | | | | | |
| OTHER | | | | | |
| | | | | | |
| PROF. LICENSES | TYPE | | LICENSE NUMBER | | EXPIRATION DATE |
| | | | | | |
| | | | | | |

REFERENCES

LIST PEOPLE WE MAY CONTACT WHO ARE QUALIFIED TO EVALUATE YOUR WORK PERFORMANCE
(DO NOT INCLUDE FRIENDS, RELATIVES, OR SUPERVISORS THAT YOU WILL IDENTIFY ON THE FOLLOWING PAGE)

| | | | |
|------|------------|------------------|-------------|
| NAME | OCCUPATION | TELEPHONE NUMBER | YEARS KNOWN |
| NAME | OCCUPATION | TELEPHONE NUMBER | YEARS KNOWN |

EMPLOYMENT HISTORY

LIST YOUR PRESENT AND FORMER EMPLOYERS (INCLUDING ANY TEMPORARY JOBS). USE THE SPACE AT THE BOTTOM OF THE PAGE TO LIST ALL PERIODS OF UNEMPLOYMENT.

THIS SECTION **MUST BE THOROUGHLY COMPLETED**. ALSO, PLEASE ATTACH A RESUME.

| | | | | | | |
|----------------------------------|-----|--------------------|-----|------------------------|------------------------------|-----------------------------|
| NAME OF CURRENT OR LAST EMPLOYER | | TYPE OF BUSINESS | | ADDRESS | TELEPHONE | |
| Mo. | Yr. | Mo. | Yr. | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| JOB TITLE | | NAME OF SUPERVISOR | | SUPERVISOR'S JOB TITLE | | |

DESCRIPTION OF RESPONSIBILITIES

| | | | | | | |
|---------------------------|-----|--------------------|-----|------------------------|------------------------------|-----------------------------|
| NAME OF PREVIOUS EMPLOYER | | TYPE OF BUSINESS | | ADDRESS | TELEPHONE | |
| Mo. | Yr. | Mo. | Yr. | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| JOB TITLE | | NAME OF SUPERVISOR | | SUPERVISOR'S JOB TITLE | | |

DESCRIPTION OF RESPONSIBILITIES

| | | | | | | |
|---------------------------|-----|--------------------|-----|------------------------|------------------------------|-----------------------------|
| NAME OF PREVIOUS EMPLOYER | | TYPE OF BUSINESS | | ADDRESS | TELEPHONE | |
| Mo. | Yr. | Mo. | Yr. | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| JOB TITLE | | NAME OF SUPERVISOR | | SUPERVISOR'S JOB TITLE | | |

DESCRIPTION OF RESPONSIBILITIES

| | | | | | | |
|---------------------------|-----|--------------------|-----|------------------------|------------------------------|-----------------------------|
| NAME OF PREVIOUS EMPLOYER | | TYPE OF BUSINESS | | ADDRESS | TELEPHONE | |
| Mo. | Yr. | Mo. | Yr. | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| JOB TITLE | | NAME OF SUPERVISOR | | SUPERVISOR'S JOB TITLE | | |

DESCRIPTION OF RESPONSIBILITIES

UNEMPLOYMENT HISTORY

PLEASE IDENTIFY AND EXPLAIN ALL PERIODS OF UNEMPLOYMENT HISTORY AND ANY GAPS: **ATTACH A SEPARATE SHEET IF MORE SPACE IS NECESSARY**

| | | |
|-------|-------|-----|
| DATES | FROM: | TO: |
|-------|-------|-----|

EXPLANATION:

| | | |
|-------|-------|-----|
| DATES | FROM: | TO: |
|-------|-------|-----|

EXPLANATION:

GENERAL INFORMATION

(A) Have you ever been discharged or asked to resign? ☐ YES ☐ NO
If "YES", please explain:

| | | |
|---|------------------|---------|
| Employer Name: | Date: | Reason: |
| (B) May we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain: | | |
| (C) If you have used other name(s), please provide those names to assist Inter-State Oil in verifying prior employment, records and education. Name(s): | | |
| (D) If hired, will you be able to work during the normal days and hours required for the position for which you are applying? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain: | | |
| | | |
| | | |
| (E) Please indicate any actual experience, special training and qualifications that you feel are relevant to the position for which you are applying, including but not limited to computer and word processing skills: | | |
| | | |
| | | |
| (F) If hired, are you able to perform the essential functions of the position for which you are applying? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| EMERGENCY INFORMATION | | |
| (In case of emergency or accident, please list persons to be notified) | | |
| NAME | TELEPHONE NUMBER | |
| ADDRESS | | |
| NAME | TELEPHONE NUMBER | |
| ADDRESS | | |

I certify that all of the information I have provided on this application or any other documents filled out in connection with my employment is true and accurate. I understand that falsification, misrepresentation or omission of facts will preclude an offer of employment, or will result in a withdrawal of an employment offer, or will result in my discharge from employment, if I am already employed at the time the falsification, misrepresentation or omission is discovered. To the fullest extent permitted by applicable law, I authorize Inter-State Oil Co. to secure information about my background and experience from other employers, educational institutions, references and government agencies, and for those parties to provide information concerning my background and experience. I release all parties from any liability arising there from.

If I am employed by Inter-State Oil Co., I agree to conform to the rules and regulations of Inter-State Oil Co. I also understand and agree that, except for arbitration and employment at-will status, my wages, hours, working conditions, job assignments and compensation are subject to change by Inter-State Oil Co. I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of Inter-State Oil Co. or myself. I understand that, other than the President of Inter-State Oil Co., no manager, supervisor or representative of Inter-State Oil Co. has authority to enter into any agreement for employment for any special period of time, or to make any agreement contrary to at-will employment. Only the President of Inter-State Oil Co. has the authority to change my at-will status, and then only in a writing expressly changing my at-will status.

I understand that for certain job positions at Inter-State Oil Co., Inter-State Oil Co. may request a complete physical exam and I may be required to sign a release to provide any and all job-related medical information to Inter-State Oil Co. I understand that any offer of employment is contingent upon the satisfactory completion of such exam or information.

As a condition of employment, I understand that I will be required to sign an Arbitration Agreement and that any and all disputes with Inter-State Oil Co. will be arbitrated.

I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete a Form I-9 in this regard.

I also understand that, if hired, I may not engage in activities that create a conflict of interest with my position with this Company. I understand that if my employment is terminated by the Company for dishonesty, breach of trust, or any criminal acts, the authorities may be notified and I may be criminally prosecuted.

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, **MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, AND MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT NOTICE OR WITH OR WITHOUT CAUSE.** I understand that **NO PERSON, OTHER THAN THE PRESIDENT OF THE COMPANY IN WRITING, IS AUTHORIZED TO CHANGE ANY OF THE TERMS AND CONDITIONS OF MY EMPLOYMENT.**

PROSPECTIVE EMPLOYEES WHO HAVE RECEIVED CONDITIONAL OFFERS OF EMPLOYMENT AT INTER-STATE OIL CO. WILL BE REQUIRED TO SUBMIT TO CRIMINAL BACKGROUND CHECKS, DRUG AND/OR ALCOHOL TESTING, OR OTHER MEDICAL AND/OR

PHYSICAL EXAMINATIONS, TO THE EXTENT ALLOWED UNDER APPLICABLE LAW. FAILURE TO KEEP AN APPOINTMENT FOR DRUG AND ALCOHOL SCREENING WILL RESULT IN A WITHDRAWAL OF ANY CONTINGENT OFFER OF EMPLOYMENT.

PLEASE NOTE: YOU SHOULD NOT RELY UPON A CONTINGENT OFFER OF EMPLOYMENT FROM INTER-STATE OIL CO. OR OTHERWISE ENGAGE IN ANY ACTIVITY BASED UPON A CONTINGENT OFFER OF EMPLOYMENT. UNLESS OR UNTIL A FINAL OFFER OF EMPLOYMENT IS MADE, YOU SHOULD NOT TAKE ANY ACTION WHICH COULD RESULT IN FINANCIAL LOSS IF A CONTINGENT OFFER IS WITHDRAWN, SUCH AS GIVING NOTICE OF INTENT TO TERMINATE CURRENT EMPLOYMENT, SELLING REAL ESTATE, OR INCURRING ANY OTHER COSTS ASSOCIATED WITH ACCEPTING EMPLOYMENT WITH INTER-STATE OIL CO. NO SUCH ACTIVITY SHOULD BE UNDERTAKEN UNTIL AFTER MEDICAL CLEARANCE HAS BEEN RECEIVED AND YOU HAVE RECEIVED A FINAL OFFER OF EMPLOYMENT FROM INTER-STATE OIL CO. **UNDER NO CIRCUMSTANCES SHOULD YOU REPORT TO WORK BEFORE MEDICAL CLEARANCE IS RECEIVED.**

My signature below certifies that I have read and understand this application, and to the best of my knowledge, the information I provided is true and correct.

Date

Applicant

ARBITRATION AGREEMENT

READ THIS AGREEMENT CAREFULLY BEFORE YOU SIGN IT.

To resolve employment disputes in an efficient and cost-effective manner, you and Inter-State Oil Co. agree that any and all claims arising out of or related to your employment that could be filed in a court of law, including but not limited to, claims of unlawful harassment or discrimination, wrongful demotion, defamation, wrongful discharge, breach of contract, invasion of privacy, or class action shall be submitted to final and binding arbitration, and not to any other forum.

The arbitration process shall be initiated by delivering a written request for arbitration to the other party within the time limits that would apply to the filing of a civil complaint in court. A late request will be void. No claim should be submitted to arbitration without first attempting to resolve the matter informally and exhausting Inter-State Oil Co.'s internal procedures.

The Arbitrator shall have the exclusive authority to resolve any dispute arising out of or relating to the validity, formation, applicability, interpretation and/or enforceability of this Agreement or any part of this Agreement.

If we are unable to agree upon a neutral arbitrator, we will obtain a list of arbitrators from a neutral dispute resolution service, and strike names alternatively until one arbitrator remains. The arbitrator shall conduct the arbitration in accordance with the procedures set forth in the most recent version of the National Rules for the Resolution of Employment Disputes of the American Arbitration Association, except to the extent that any such rule or procedure would invalidate the enforceability of this Agreement, and to the extent that administration of the arbitration by American Arbitration Association is required. Regardless of the outcome, Inter-State Oil Co. shall pay all the costs that are unique to the arbitration forum, namely the arbitrator's fee. A copy of the National Rules for the resolution of Employment Disputes of the American Arbitration Association can be found at <https://www.adr.org/aaa/face/rules>.

The arbitrator shall determine the prevailing party in the arbitration. Costs and attorneys' fees shall be awarded to the prevailing party in accordance with the same legal standards that would apply had the action been filed in court. The arbitrator shall have the authority to order any legal or equitable remedy that would be available in a civil or administrative action on the claim. The arbitrator shall prepare a brief written decision that includes the essential findings and conclusions upon which the award is based.

This arbitration shall be the exclusive means of resolving any claim arising out of your employment, and no action will be filed in any court or other forum. However, nothing in this agreement will affect National Labor Relations Board, Workers' Compensation Appeals Board, Unemployment Insurance Appeals Board, Department of Fair Employment and Housing or Equal Employment Opportunity Commission proceedings, petitions for judicial review of a decision issued after an administrative hearing or the ability of either party to seek injunctive relief in an appropriate court of law.

If any court of competent jurisdiction declares that any part of this arbitration agreement is illegal, invalid or unenforceable, such a declaration will not affect the legality, validity or enforceability of the remaining parts of the agreement, and the illegal, invalid or unenforceable part will no longer be part of this agreement. The parties understand and agree that this arbitration provision shall be governed by and interpreted under the Federal Arbitration Act.

This agreement sets forth the entire agreement between the parties and supersedes any and all prior or contemporaneous agreements and understandings, whether written, oral or implied, pertaining to the subject matter of this agreement.

THIS ARBITRATION AGREEMENT IS A WAIVER OF ALL YOUR RIGHTS TO A CIVIL JURY TRIAL OR PARTICIPATION IN A CIVIL CLASS ACTION LAWSUIT FOR CLAIMS ARISING OUT OF YOUR EMPLOYMENT. TO THE EXTENT REQUIRED BY APPLICABLE LAW, THIS WAIVER EXCLUDES CLAIMS MADE PURSUANT TO THE PRIVATE ATTORNEY GENERAL ACT (PAGA).

Employee Signature

Date

Authorized Representative of Inter-State Oil Co.

Date

My signature below certifies that I have read and understand this application, and to the best of my knowledge, the information I provided is true and correct. My signature below also certifies that I agree to be bound by the terms and conditions of employment stated in this application. This application contains all the understandings and agreements between me and Inter-State Oil Co. concerning the nature of my employment, if any, by Inter-State Oil Co. and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, representations and promises, express or implied, between me and Inter-State Oil Co.

Applicant Signature

Date