

INTER-STATE OIL COMPANY APPLICATION FOR EMPLOYMENT

PLEASE PRINT

Inter-State Oil Co. considers all applicants for employment without regard to race (including traits historically associated with race, such as hair styles and textures), color, creed, religion, age, sex (including pregnancy, childbirth, breast feeding, or related medical condition), national origin (including immigration and/or citizenship status), ancestry, sexual orientation, gender, gender identity (including transgender identification), marital status, military or veteran status, genetic information, physical or mental condition or disability, or any other basis made unlawful by 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
PRIOR ADDRESS	STREET ADDRESS		CITY
	COUNTY	STATE	ZIP CODE
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		HOW LONG AT CURRENT ADDRESS?
DATE AVAILABLE TO START:	STATUS DESIRED: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY		ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO
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? <input type="checkbox"/> YES <input type="checkbox"/> 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
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Mo.	Yr.	Mo.	Yr.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
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JOB TITLE	NAME OF SUPERVISOR	SUPERVISOR'S JOB TITLE
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DESCRIPTION OF RESPONSIBILITIES

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

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

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

DATES	FROM:	TO:
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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.

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