## 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 your eligibility to work	for employment in the USA' in the USA.	? Yes No.	If hired, you are required to submit proof of
Are you over the age of age.	eighteen? Yes No	_ If no, hire is	subject to verification that you are of minimum lega
Position(s) applied for			
Were you previously en	nployed by us? YesN	o If yes,	when?
If your application is co	nsidered favorably, on what	date will you be	e available for work?
	related experiences, skills, or		which will be of special benefit in the job for which
Have you been convicte	d of a major crime (felony) i	n the past? Yes	s No
(Do not answer Yes if the	ne conviction has been pardo	ned, annulled, e	expunged, sealed or impounded by a court.)
If yes, please give the c	onviction date and nature of	the offense	
A conviction record wil	I not necessarily bar employs	nent.	

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

Employer 1					
Address		City_		State	Zip
Phone #					
Job Title	Reason for leaving				
Dates of Employment: From			_Salary or Hourly		
Describe the work youdid:		***************************************			
Employer2					
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:					
Employer3					
Address		City		State	Zip
Phone #	Supervisors' Name				
Job Title	Reason for leaving				
Dates of Employment: From	То			rate	
Describe the work you did:					
Employer4					
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 conta	act the employers listed above	ve con	cerning my prior w	vork experienc	ce as indicated below.
Employer 1 Yes No					
Employer2 Yes No					
Employer3 Yes No					
Employer4 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
May we telephone you to follow up on this application at h	ome? Yes No	
If yes, what is the best time to call?		
May we telephone you to follow up on this application at w		
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 translatement on this application may result in my dismissal. I intended to be a contract of employment, nor does this application to employ me. I understand and agree that my employment notice, at any time, for any reason or no reason, to enter into any agreement for employment for any specific foregoing and then only in writing signed by an officer.	further understand that this application lication obligate the employer in any voloyment is at-will and can be termina. No one other than an officer of the Co	n is not and is not way if the employer ted by either party with company has any authority

Signature of Applicant

## **Background Investigation and Drug Testing Waiver**

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Today's Date

#### PLEASE COMPLETE THE FOLLOWING:

Personal Information:

- 1. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, and credentials.
- 2. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws.
- 4. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state, and county agencies.
- 5. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by my employer or their agent to furnish the information described in Section 1.
- If I am offered a position with Ag & Oil and I am released due to misconduct prior to 3 months of employment or I voluntarily quit my job within the first 3 months of employment, I understand the cost of the drug test and background investigation Fire retardant clothing, safety training and Safeland (if applicable) may be deducted from my final pay check.
- 7. I consent to the release of completed background check report to ExxonMobil and/or ExxonMobil representatives (i.e. NCMS) and that periodic updates of the background check report may be needed to meet the requirements of ExxonMobil. I will inform my employer immediately of any conviction, for a criminal offence, following the completion of their initial background check.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and its agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

## Please print your full name LAST FIRST MIDDLE Please print any other names you have used Home Address City, State Zio Code Social Security Number Date of Birth **Drivers License Information:** State Drivers License Number Name as it appears on license Signature

# 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. Si g n e d : D a t e: The above applicant shows that he/she worked for you from \_\_\_\_\_\_ to \_\_\_\_\_ Did the applicant haveanyaccidents? Yes I No I Location City/State # Injuries # Fatalities HM Spill? Did the driver violate any section of 49 CFRSubpart B? Did the employee have alcohol tests with a result of 0.04 or higher? Yes I No I Did the employee have verified positive drug tests? Yes No 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 No NA Did a previous employer report a drug and alcohol rule violation to you? Yes No 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 CFRSection 40.25 Laid Off Reason for leaving your employment. Discharged 🗆 Resigned [ Other:\_\_\_\_ Signature of Person Providing Information Title Date

Phone #