



Application for Employment
An Equal Opportunity Employer

713 Bill Myles Drive
Saraland, Alabama 36571

Position(s) applied for _____ Date of application ____/____/____

Referral Source

Advertisement Employee Relative Government Employment Agency Walk-In

Private Employment Agency Website Other _____

Name of source (if applicable) _____

Applicant's Name _____
Last First Middle

Address _____
Street City State Zip

E-mail Address _____

Telephone# (____) _____ Mobile/Pager/Other phone# (____) _____

If necessary, the best time to contact you at home is Morning Afternoon Evening

May we contact you at work Yes No

If yes, the best time to contact you at work is Morning Afternoon Evening

If you are under 18 and it is required, can you furnish a work permit? Yes No

Have you ever submitted an application here before? Yes No

If yes, give date(s) and position(s) _____

Have you ever been employed here before? Yes No

If yes, give dates

From ____/____/____ To ____/____/____



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Are you legally eligible for employment in this country? [] Yes [] No

Date available for work ____/____/____

What is your desired salary range? \$_____

Type of employment desired

[] Full-Time [] Part-Time [] Temporary [] Seasonal [] Educational Co-Op

Will you relocate if the job requires it? [] Yes [] No

Will you travel if the job requires it? [] Yes [] No

Are you able to meet the attendance requirements of the position? [] Yes [] No

Are you willing to work overtime if required? [] Yes [] No

If no, please explain_____

Have you ever been bonded? [] Yes [] No

Have you ever pled "guilty" or "no contest" to, or been convicted of a felony within the last 10 years?

[] Yes [] No

If yes please provide date(s) and details_____

Answering 'yes' to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account. Material misrepresentation may be cause for termination.

Driver's license number if driving is an essential job function _____State_____



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Employment History

Starting with your most recent employer, assignments or volunteer activities provide the following information.

| | |
|--|--|
| Employer Telephone# () | Date employed ____/____/____ to ____/____/____ |
| Street Address City State | Compensation starting |
| Starting Job Title/Final Job Title | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per |
| Immediate Supervisor and Title | Compensation final |
| Reason for Leaving | Commission/Bonus \$ |
| May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | Essential job requirements/responsibilities |
| Employer Telephone# () | Date employed ____/____/____ to ____/____/____ |
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Skills and Qualifications

Microsoft Word
 Microsoft Excel
 Microsoft PowerPoint
 Microsoft Access
 Microsoft Office
 Internet

Summarize any special training skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying:

Education Background (if job related)

Starting with you most recent school attended, provide the following information.

| School (Include City and State) | Number of Years Completed | Achieved | GPA Class Rank | Major | Minor |
|---------------------------------|---------------------------|---|----------------|-------|-------|
| | | <input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree | | | |
| | | <input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree | | | |
| | | <input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree | | | |

References

List name and telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

| Name | Title | Relationship to Candidate | Telephone | Number of Years known |
|------|-------|---------------------------|-----------|-----------------------|
| | | | () | |
| | | | () | |
| | | | () | |
| | | | () | |
| | | | () | |

Additional Information

List professional, trade, business, or civic associations and any offices held.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status

| Organization | Offices Held |
|--------------|--------------|
| | |
| | |

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status



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List any additional information you would like us to consider.

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employers, its agents, employees or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no questions on this applications is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (a) Cancel further consideration of this application or (b) immediately discharge me from the employer's service, whenever it is discovered.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date



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Acknowledgement and Release

I, _____, having filed an application for employment with Aaron Oil Company, Inc. or any of its affiliates, herby authorize every corporation, organization, institution, person or other entity having possession, custody, or control of any records, to provide such records to Aaron Oil Company, Inc. or its affiliates. I also authorize the release of my scholastic records (transcripts). I hereby release from any and all liability every corporation, organization, institution, person, or other entity, which produces documents or other information in accordance with this acknowledgement and release. I agree that photocopies if this acknowledgement and release may be accepted with the same authority as the original.

I understand that in the event my application for employment is accepted, the effective date of acceptance and of my employment shall be the time I actually commence work. If I am employed, I agree to comply with and be bound by the safety and work rules and other regulations of the company. By signing this acknowledgement and release, I acknowledge that Aaron Oil Company, Inc. and its affiliated subsidiaries have a drug and alcohol substance abuse screening program, which includes a urinalysis test. Also, I understand that the drug and alcohol substance abuse test is required as part of the employment application process and that, in order to be considered for employment, the results of the test must be negative. I agree to participate in this drug and alcohol abuse testing which includes the urinalysis test. If, I refuse to submit to this test or fail this drug and alcohol-screening program, my employment application will be rejected/my employment will be terminated. I, fully release Aaron Oil Company, Inc. and its employees, agents and subsidiaries from all liability in connection with drug and alcohol substance abuse testing and any pre-placement application for employment. I agree that, if I am offered employment, I will, upon request, submit to a medical examination and will submit to periodic medical examinations thereafter, as required.

I understand that I must notify the company of any driving violation, accident, or license suspension I incur, and a copy of the citation must be provided to the company. (Applicable only to those with an AOC company owned vehicle) I consent to Aaron Oil Company, Inc. or any of its subsidiary companies or designated agents, seeking and obtaining job related information and I give consent to every corporation, organization, institution, or person having possession, custody or control of such information and release them from all liability in connection with their providing to Aaron Oil Company, Inc. Or its subsidiary companies or designated agents, job related information concerning my application for employment.

My signature below indicates that I have read, understand and consented to the above statements and that I have made true, correct and complete answers and statements on this applications and any supplements to it, with the knowledge that they will be relied upon in considering my application for employment, and I understand that any omission, false answer or statements made by me on this application, or any supplements to it, will be sufficient grounds for rejection of my application or for my discharge from employment.

Signature _____

Date _____

Other name(s) by which you have been known: _____

CONSENT & AUTHORIZATION FOR EMPLOYMENT BACKGROUND INVESTIGATION

I, hereby authorize Aaron Oil Company, Inc. hereinafter referred to as Employer, and/or its designated agents to procure a consumer report and/or an investigative consumer report on me for the purpose of evaluating me for employment, promotion, discipline, retention, assignment or reassignment and to make an independent investigation of my background, including but not limited to; references, character, mode of living, personal interviews with those acquainted with me, past/present employment, education, credit, motor vehicle records, drug screening records, federal, civil, criminal and other police records, including those maintained by both public and private organizations and all public records for the purpose of confirming information contained on my application, resume, or in other supporting documentation and/or obtaining other information, which may be material to my qualifications. I hereby authorize the Employer to release all information contained in this investigation to all parties involved in the evaluation process for the purpose of confirming my qualifications and/or eligibly.

I understand that the Employer, and/or its designated agents will adhere to applicable state and federal statutes concerning the securing of the information, handling and release of information obtained in the investigation. I further understand, pursuant to Section 606(b) & Section 604(b)(3) set forth in the federal Fair Credit Reporting Act, I have the right to request additional disclosures as to the nature and scope of the investigation and understand if an adverse decision is made, due to the contents of this investigative report, I will receive a free copy of the report and a summary of my rights as defined by the Federal Trade Commission under the FCRA. The following is my true and complete legal name and all information on this document is true and correct to the best of my knowledge. Any falsification of the facts or omission of material facts under any circumstances, found during the investigation or at anytime thereafter, constitutes the basis for immediate disqualification as a candidate or termination of my employment. I understand that the information requested below is for the sole purpose of gathering information accurately and positive identification and will not be used to discriminate against me in violation of any law. I understand any initial offer will be contingent until all information is obtained and processed and may be subsequently withdrawn based on the results of the investigation. I further understand this signed consent hereby authorizes the Employer, and/or its designated agents, to conduct at anytime during my employment, all necessary, random and/or periodic background investigations as a requirement of my continued qualifications. I acknowledge receipt of my copy of the FTS's "Summary of Your Rights" Under the Fair Credit Reporting Act and certify that I have read and understand my rights. I hereby assert a telephonic facsimile (FAX) or a photographic copy of this authorization shall be as valid as the original.

| | | |
|----------------------|----------------------------------|-----------|
| Applicant First Name | Middle Name (No initials please) | Last Name |
|----------------------|----------------------------------|-----------|

| | | |
|-------------|-----------------------------|----------|
| Maiden Name | And/or Any Other Names Used | Nickname |
|-------------|-----------------------------|----------|

| | | | | |
|-----------------|------|-----------|--------|-----------------|
| Present Address | City | State/Zip | County | How long there? |
|-----------------|------|-----------|--------|-----------------|

| | | | |
|----------------|------|-------|------------------------|
| *Date of Birth | *Sex | *Race | Social Security Number |
|----------------|------|-------|------------------------|

| | | |
|------------------------|------------------|-----------------|
| Drivers License Number | State of License | Expiration Date |
|------------------------|------------------|-----------------|

PROVIDE ADDRESS LISTINGS FOR THE LAST SEVEN (7) YEARS

| | | | | |
|----------------|------|-----------|--------|-----------------|
| Former Address | City | State/Zip | County | How long there? |
|----------------|------|-----------|--------|-----------------|

| | | | | |
|----------------|------|-----------|--------|-----------------|
| Former Address | City | State/Zip | County | How long there? |
|----------------|------|-----------|--------|-----------------|

| | | | | |
|----------------|----------------|--------|--------------------------------------|-----------------|
| Former Address | City/State/Zip | County | Please list seven years of residence | How long there? |
|----------------|----------------|--------|--------------------------------------|-----------------|

CALIFORNIA, MINNESOTA and OKLAHOMA APPLICANTS ONLY: Check here if you wish to receive a copy of any formal report generated as a result of this investigation. (CA.AB655 as amended)

Applicant's Signature (Required) PLEASE DO NOT PRINT

Date

8/6/09