

APPLICATION FOR EMPLOYMENT

(Equal Opportunity Employer)

GENERAL

NAME	
ADDRESS	
TELEPHONE () SOCIAL SECURITY #	
DATE AVAILABLE FOR EMPLOYMENT	
If employed and under 18, can you furnish a work permit?	☐ Yes ☐ No
Have you ever been employed by this company?	□ Yes □ No
Are you employed now?	□ Yes □ No
May we contact your present employer? If yes, give name:	☐ Yes ☐ No
Are you prevented from lawfully becoming employed in this country because of visa or immigration status?	□ Yes □ No
Type of work desired:	
If applying for a position where driving is required — Do you have a valid driver's license in this state?	☐ Yes ☐ No
License #	
Can you perform the essential functions of the job(s) for which you are applying?	□ Yes □ No
Are you available to work	□ OVER-TIME
Have you been convicted of a felony? (Please note that a "Yes" answer will not bar you from consideration for	☐ Yes ☐ No or employment.)
If yes, please explain:	

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, gender, physical or mental disability, or other protected classifications in accordance with applicable federal and state equal employment opportunity laws. This company will strive to

accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of the job.

EDUCATION

School Name & Address	k Elements				<u>Elementary</u>						Secondary C						College			<u>College</u>					<u>Graduate</u>				
Years Completed	4	5	6	7	8		9	10	11	. 1	12		1	2	2 3	4	-			1 2	2	3	4						
Course of Study												_												_					
SPECIAL SKILI																													
Summarize speci employment or oth						-										ivit	ies,	m	ili	ary	,	ex	perience	÷,					
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REFERENCES: List three (3) non-obility	relat	ive	es v	vho	o ar	e fa	mili	iar v	vith	yo	ur q	ual	ific	ca	tion	ns a	ınd	actu	ıal	WO:	rk	his	story an	d					
ability. Name					<u>O</u>)ccu	pati	ion/	Rela	tio	nshi	<u>ip</u>				<u>Ye</u>	ars	Kno	<u>OW</u>	<u>n</u>		<u>T</u>	elephon	<u>e</u>					
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EMPLOYMENT	EX	PE	RI	EN	<u>ICI</u>	<u>E</u>																							
Employer							_	Sup	erv	SO	r's N	Jan	ne	_										_					
Address							_	You	ır Jo	b l	Posit	tion	1	_										_					
Telephone Numbe	r _						_	Em	ploy	ed	fror	n _				_(r	no/y	r) to	o _				_(mo/yr)					
Salary: Starting/E	ndin	g _					_	Dut	ies															_					
What did you like	mos	t al	bou	ıt y	our	: jot																		_					
Reason for Leavin																								_					

Employer	Supervisor's Name		
Address	Your Job Position		
Telephone Number	Employed from	(mo/yr) to	(mo/yr)
Salary: Starting/Ending	Duties		
What did you like most about your job?			
Reason for Leaving:			
Employer	Supervisor's Name		
Address	Your Job Position		
Telephone Number	Employed from	(mo/yr) to	(mo/yr)
Salary: Starting/Ending	Duties		
What did you like most about your job?			
Reason for Leaving:			
Employer	Supervisor's Name		
Address	Your Job Position		
Telephone Number	Employed from	(mo/yr) to	(mo/yr)
Salary: Starting/Ending	Duties		
What did you like most about your job?			
Reason for Leaving:			

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STAEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. By signing below, I authorize **Hutchens Petroleum Corporation** to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

If hired I will be responsible for familiarizing myself with all rules and regulations of **HUTCHENS PETROLEUM CORPORATION** as they presently exist or are later modified. If hired, I understand my employment can be terminated, at the discretion of **HUTCHENS PETROLEUM CORPORATION** or at my option, without notice, at any time and for any reason.

I also understand that no representative of **HUTCHENS PETROLEUM CORPORATION** has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President.

I understand this application is not an offer of employment and no promises or representations of employment have made to me at this time.

I have read, understand, and agree with the above.									
Signature of Applicant	Date								

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.



NOTICE BEFORE ORDERING CONSUMER REPORTS

(Including Motor Vehicle Reports and Credit Reports)

The Fair Credit Reporting Act (FCRA) provides individuals with certain rights regarding consumer reports, and places certain obligations on employers who use consumer reports for employment related purposes. Consistent with the requirements of the FCRA, this notice is provided to you in order to inform you that **HUTCHENS PETROLEUM CORPORATION** may, for employment-related purposes (e.g., evaluating your for initial employment, promotions, transfers, assigned duties, retention as an employee, etc.), obtain from a consumer reporting agency one or more consumer reports containing financial information, criminal record information, driving record information, and/or other relevant information about you. **HUTCHENS PETROLEUM CORPORATION** will not obtain a consumer report without your signature below, authorizing us to obtain one or more consumer reports.

AUTHORIZATION TO OBTAIN CONSUMER REPORTS

I hereby acknowledge that I have read and understand the contents of the above notice and, by signing below, specifically authorize **HUTCHENS PETROLEUM CORPORATION** to obtain one or more consumer reports on me for employment-related purposes, as indicated above.

Please Print – First Name, Middle Initial, Last Name		
Signature	Date	