

FARMERS UNION OIL COMPANY

APPLICATION FOR EMPLOYMENT

Farmers Union Oil Company is an equal opportunity employer and will not discriminate against any applicant for employment because of race, color, religion, gender, national origin, sexual orientation, disability, age, marital status or any other protected status. Applicants who require an accommodation throughout the application and interview process should request this in advance. Additional testing of job related skills might be required prior to employment. If you feel that you have been discriminated against during the application process, contact the Human Resources Department at (320) 269-8861.

Position Applied For: _____

Today's Date: _____ Social Security # _____

Last Name: _____ First Name _____ MI: _____

Home Address _____

Street City State Zip

Home Phone # _____ Cell Phone # _____

Are you 18 years of age or older? : YES NO Drivers License # _____

(If Applying for a Position Requiring Driving)

Have you ever been employed by Farmers Union Oil Co. before YES NO

If yes, where? _____ Reason For Leaving _____

If hired, can you furnish proof that you are eligible to work in the United States? YES NO _____

The existence of a criminal record will not necessarily bar an applicant from employment

EDUCATIONAL HISTORY

NAME OF SCHOOL/LOCATION	DID YOU GRADUATE?	MAJOR
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High School: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	
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College or University _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	
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Graduate: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	
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Technical or Business Training _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	
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Additional job related seminars, short courses, workshops, or other educational experiences: _____

MILITARY BACKGROUND

BRANCH OF SERVICE	MILITARY OCCUPATION	RANK AT DISCHARGE	SPECIAL TRAINING
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REFERENCES

Please list a minimum of two current or past individuals who have supervised/managed you .Do not include relatives.

Name	Company	Title	Relationship	Phone #
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1.

2.

3.

4.

5.

FARMERS UNION OIL COMPANY
AN EQUAL OPPERTUNITY EMPLOYER

WORK HISTORY

Include all employment from your last three employers with start and end dates. If you have a gap of employment, please explain below, including dates. Failure to provide complete information may result in rejection of your application.

MAY WE CONTACT YOUR PRESENT? YES NO if no explain

Present and Former Employers: LIST MOST RECENT FIRST			
Company Name	Job Title/Duties		
Address	City State	Zip-	
Supervisor's Name	Phone	Final Wage	
Dates Worked: From	To	Reason for Leaving	
Company Name	Job title/ Duties		
Address	City State	Zip	
Supervisor's Name	Phone	Final Wage	
Dates Worked: From	To	Reason for leaving	
Company Name	Job Title/ Duties		
Address	City, State	Zip	
Supervisor's Name	Phone	Final Wage	
Dates Worked: From	To	Reason for Leaving	

Special Skills and Qualifications: _____

Additional information you want us to consider in evaluating your qualifications: _____

Explain any gaps in employment here: _____

AGREEMENT- PLEASE READ CAREFULLY ENTIRE STATEMENT BELOW AND SIGN

I certify that the facts set forth in this application are true and complete, to the best of my knowledge. I acknowledge that Farmers Union Oil Co. (hereafter referred to as "THE COMPANY") may rely on my representations in making its hiring decision. I understand that any false statement or omission of information submitted on this application may result in my not being hired or if discovered later, my immediate discharge.

I understand that I will be required to submit to a per employment drug and Breathalyzer test, and that my offer of employment is contingent on the results of said test.

I authorize investigation of all statements contained herein and authorize the references and previous employers listed above to give THE COMPANY any and all information requested concerning my previous employment and any pertinent information they may have, personal or otherwise. I understand that the results of such an investigation may be used to determine whether I will be hired. I hereby release said references, investigators, previous employers and THE COMPANY from all liability for any damage that may result from furnishing or receiving this information.

I further agree that, if employed, I will conform my conduct to THE COMPANY rules and understand that my employment can be terminated with or without cause, and with or without notice, at any time, at my option or the option of THE COMPANY. I also understand that this application and any employment manuals or handbooks that may be distributed to me during my employment shall not be regarded as a contract.

In the event of termination of my employment, whether voluntary or involuntary, I authorize THE COMPANY, in its sole discretion, to supply my name, address and phone number to other divisions, companies, services or agencies, which may have employment opportunities.

APPLICANT SIGNATURE	DATE
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