

maxxum

PETROLEUM

Welcome!



Mission

Our strategy is to **effectively deploy our customer supply distribution systems** to provide fuel and lubricant products and related services to commercial and industrial customers for their mission critical equipment.



We will **focus on strategic markets** where we can leverage our superior procurement skills, logistics capabilities, proprietary assets, technology, and intimate customer knowledge.



We will **exceed our customers' expectations** through responsive, reliable, safe and environmentally responsible delivery of all of our products and services

Core Values



one company • one mission • one strategy • one platform



Employment Application DOT/CDL

Maxum Petroleum and its subsidiaries are equal opportunity employers and do not discriminate on the basis of age, race, religion, color, sex, national origin, sexual orientation, ancestry, military status, marital status or physical or mental disability. In compliance with the Immigration Reform and Control Act of 1988, we will hire only U.S. Citizens and Aliens lawfully authorized to work in the U.S. Should you be employed by Maxum Petroleum, you will be required to complete and sign Form I-9 Employment Eligibility Certification.

NAME:

(Last) (First) (Middle Initial) (Date)

PRESENT ADDRESS:

(Street) (City) (State) (Zip Code)

(Home Phone) (Email) (Cell Phone)

PERMANENT ADDRESS (if different than above):

(Street) (City) (State) (Zip Code)

Are you legally authorized to work in the U.S. for any and all employers? Yes No

Are you at least 18 years old? Yes No

Have you previously applied for employment with Maxum or a subsidiary? Yes No If yes, when? _____

Have you ever been employed by Maxum or a subsidiary? Yes No If yes, when? _____

Name used during previous employment with Maxum or a subsidiary? _____

Position held: _____

Have you ever been convicted of a felony under any jurisdiction? Yes No

"Conviction of a crime will not necessarily be a bar to employment. Factors such as age at the time of the offense, type of offense, remoteness of the offense in time, and rehabilitation will be taken into account in determining effect on suitability for employment."

Work Preferences

Position Desired:

(Title) (Desired Salary) (Date Available)

Employment Desired: Full Time Part Time Temporary Seasonal

Would you consider a contract assignment? Yes No Possibly

What days and hours are you available for work? Days: _____ Hours: _____

Are you available for work on weekends, if necessary? Yes No

Work Experience

This portion of the application must be completed even if supplemented by a resume. List jobs in reverse order held – present or most recent first. For periods of unemployment or self-employment, list dates and location. Please attach additional pages if necessary.

NOTE: All driver applicants to drive in interstate commerce must provide the following information based on all employers listed in the Work Experience Section of this application during the preceding 3 years. Further to drive a commercial motor vehicle in intrastate or interstate commerce, applicants shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

MOST RECENT EMPLOYER:

| | | |
|--------------------------------|----------------|--|
| (Name) | (Phone) | Dates of Employment: From: _____ To: _____ Salary: Starting:\$ _____ Ending:\$ _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary Hrs/wk _____ Reason For Leaving: _____ |
| (Street) | (City) (State) | |
| (Name and Title of Supervisor) | | |
| (Your Position) | (Department) | |

| | | |
|--------------------------------|--|--|
| Driver Applicants only: | Were you subject to the FMCSRs while employed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Any gaps in employment and or unemployment must be explained. Include dates (Month/Year) and reason. | |

EMPLOYER 2:

| | | |
|------------------------------|----------------|--|
| (Name) | (Phone) | Dates of Employment: From: _____ To: _____ Salary: Starting:\$ _____ Ending:\$ _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary Hrs/wk _____ Reason For Leaving: _____ |
| (Street) | (City) (State) | |
| Name and Title of Supervisor | | |
| (Your Position) | (Department) | |

| | | |
|--------------------------------|--|--|
| Driver Applicants only: | Were you subject to the FMCSRs while employed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Any gaps in employment and or unemployment must be explained. Include dates (Month/Year) and reason. | |

EMPLOYER 3:

| | | |
|--------------------------------|----------------|--|
| (Name) | (Phone) | Dates of Employment: From: _____ To: _____ Salary: Starting:\$ _____ Ending:\$ _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary Hrs/wk _____ Reason For Leaving: _____ |
| (Street) | (City) (State) | |
| (Name and Title of Supervisor) | | |
| (Your Position) | (Department) | |

| | | |
|--------------------------------|--|--|
| Driver Applicants only: | Were you subject to the FMCSRs while employed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Any gaps in employment and or unemployment must be explained. Include dates (Month/Year) and reason. | |

EMPLOYER 4:

 (Name) (Phone)

 (Street) (City) (State)

 (Name and Title of Supervisor)

 (Your Position) (Department)

| | |
|--|-----------|
| Dates of Employment: | |
| From: | To: |
| Salary: | |
| Starting:\$ | Ending:\$ |
| <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary Hrs/wk _____ | |
| Reason For Leaving: | |

| | | |
|--------------------------------|--|--|
| Driver Applicants only: | Were you subject to the FMCSRs while employed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Any gaps in employment and or unemployment must be explained. Include dates (Month/Year) and reason. | |

EMPLOYER 5:

 (Name) (Phone)

 (Street) (City) (State)

 (Name and Title of Supervisor)

 (Your Position) (Department)

| | |
|--|-----------|
| Dates of Employment: | |
| From: | To: |
| Salary: | |
| Starting:\$ | Ending:\$ |
| <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary Hrs/wk _____ | |
| Reason For Leaving: | |

| | | |
|--------------------------------|--|--|
| Driver Applicants only: | Were you subject to the FMCSRs while employed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Any gaps in employment and or unemployment must be explained. Include dates (Month/Year) and reason. | |

EMPLOYER 6:

 (Name) (Phone)

 (Street) (City) (State)

 (Name and Title of Supervisor)

 (Your Position) (Department)

| | |
|--|-----------|
| Dates of Employment: | |
| From: | To: |
| Salary: | |
| Starting:\$ | Ending:\$ |
| <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary Hrs/wk _____ | |
| Reason For Leaving: | |

| | | |
|--------------------------------|--|--|
| Driver Applicants only: | Were you subject to the FMCSRs while employed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Any gaps in employment and or unemployment must be explained. Include dates (Month/Year) and reason. | |

Additional Information for Driver Applications

Date of Application: _____

DRIVER'S INFORMATION

| LAST NAME | FIRST | MIDDLE INITIAL |
|-----------|---------------|----------------|
| | | |
| SSN | DATE OF BIRTH | PHONE |
| | | |

PREVIOUS 3 YEARS RESIDENCY

(Please provide for last 3 years. Attach additional pages if necessary.)

| STREET | CITY, STATE, ZIPCODE | # YEARS |
|--------|----------------------|---------|
| | | |
| | | |
| | | |

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

DRIVER'S LICENSE

| STATE | LICENSE NUMBER | CLASS | ENDORSEMENTS | EXPIRATION DATE |
|-------|----------------|-------|--------------|-----------------|
| | | | | |

- Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- Has any license, permit or privilege been suspended or revoked? Yes No
- Have you ever tested positive on a DOT required drug test (random, post-accident, reasonable suspicion or Return to Duty) or have you ever refused to take a required test? Yes No
- Have you ever tested positive on a DOT required alcohol test (random, post-accident, reasonable suspicion or Return to Duty) or have you ever refused to take a required test? Yes No

If you answered yes to any question listed above, please provide details: _____

| CLASS OF EQUIPMENT | TYPE (check one) | DATES | | APPROX. NUMBER OF MILES |
|--|---|------------|----------|-------------------------|
| | | FROM (M/Y) | TO (M/Y) | |
| Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> van <input type="checkbox"/> tank <input type="checkbox"/> dump <input type="checkbox"/> other | | | |
| Tractor or Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> van <input type="checkbox"/> tank <input type="checkbox"/> dump <input type="checkbox"/> other | | | |
| Tractor – Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> van <input type="checkbox"/> tank <input type="checkbox"/> dump <input type="checkbox"/> other | | | |
| Other | | | | |
| Other | | | | |

| | |
|--|--|
| List states operated in during last five years | |
| List special courses/training completed (PTD/DDC, HAZMET, ETC) | |
| List any Safe Driving Awards you hold and from whom: | |

Additional Information for Driver Applications - continued

| ACCIDENT RECORD (Please provide for last 3 years. Attach additional pages if necessary.) | | | | |
|--|--|------------------------|----------------------|--|
| DATE OF ACCIDENT | NATURE OF ACCIDENT (head-on, rear-end, upset, etc) | # OF FATALITIES | # OF INJURIES | CHEMICAL SPILLS |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| TRAFFIC CONVICTIONS AND FORFEITURES (Please provide for last 3 years. Attach additional pages if necessary.) | | | |
|--|-----------------|---------------|----------------|
| DATE | LOCATION | CHARGE | PENALTY |
| | | | |
| | | | |
| | | | |
| | | | |

If NO violations are listed above I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 3 years.

Acknowledgements

I understand that the information I provide regarding current and/or previous employers will be used by Maxum Petroleum, without liability, to evaluate my qualification for employment.

In consideration of my employment, I agree to conform to the rules and regulations of Maxum Petroleum, Inc. and its subsidiaries. I also agree that my employment and compensation can be terminated at will (i.e. with or without cause, and with or without notice, at any time, at the option of either the firm or myself). I understand that no manager or representative of Maxum Petroleum, Inc. other than the President and CEO, has any authority to enter into any agreement for employment other than on an at-will basis.

This certifies that this application was completed by me, and that all entries on it and the information in it are true and complete to the best of my knowledge. I understand that any false information contained in this application is cause for discharge at any time during my employment.

FOR DRIVER APPLICANTS – CONSENT AND RELEASE:

If I am applying for a driver position, I understand that my current/previous employer(s) will be contacted for the purpose of investigating my Safety Performance history as required by 49 CFR 391.23(d) and (e). I further authorize Maxum Petroleum, Inc. to investigate my CSA Safety Driver record. I understand that I have the right to review the information provided by current/ previous employers, have errors in the information corrected by previous employers and for those employers to re-send the corrected information to the prospective employer, and have a rebuttal statement attached to the erroneous information if the previous employer(s) and I cannot agree on the accuracy of the information.

During the application process and at any time during the tenure of my employment with Maxum Petroleum, I hereby authorize Maxum Petroleum Inc., subsidiaries or affiliates, to procure a copy of my Motor Vehicle Record (MVR). I hereby authorize the release of this information for the purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. This is valid throughout the course of my employment.

I authorize my above listed previous employers/leasing companies/TPA's/consortiums to disclose to Maxum Petroleum, subsidiaries or affiliates, the results of any drug test, evidential breath or saliva test, refusals to test including verified adulteration or substitutions, and treatment records (to determine compliance with Section 382.605 [FMCSR]), performed upon myself within the last three (3) years as required under Federal Requirement 49 CFR part 382 Section 382.413 and Subpart H Section 391. This request is authorized by 49 CFR Part 40.25 effective August 1, 2001.

Furthermore, I agree to hold harmless any previous employers, their Directors, employees or agents as listed for any damages, loss of employment, or any negative outcome that may result from such information disclosure. I have the right to inspect and copy any written information disclosed.

Applicant's Name (Please Print) _____

Applicant's Signature _____ Date _____

Equal Employment Opportunity/Affirmative Action Data

Maxum Petroleum and its subsidiaries comply with all equal employment opportunity and affirmative action laws and regulations. Employment decisions are made on the basis of job-related criteria without regard to age, race, religion, color, sex, national origin, sexual orientation, ancestry, military status, marital status or physical or mental disability.

To maintain accurate data for our equal employment opportunity and affirmative action programs, we request that you complete any of the voluntary sections that apply to you. You will not be subject to adverse treatment either by providing the information or by failing to complete the sections.

This sheet will be retained in a confidential file separate from your personal records. Its only purpose is to assist us in preparing reports for corporate and governmental monitoring activities. If you want more information about any of the sections, please check with a Maxum employment representative.

Name:

 (Last) (First) (Date)

Address:

 (Street) (City) (State) (Zip Code)

Type of work for which you are applying:

RACIAL/ETHNIC GROUP VOLUNTARY SELF-IDENTIFICATION
 (Please mark the appropriate box)

- BLACK or AFRICAN AMERICAN Male Female
 A person having origins in any of the Black racial groups of Africa.
- HISPANIC or LATINO Male Female
 A person of Mexican, Puerto Rican, Cuban, Chicano, Central and South American or other Spanish culture regardless of race.
- ASIAN Male Female
 A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER..... Male Female
 A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- AMERICAN INDIAN or ALASKAN NATIVE..... Male Female
 A person having origins in any of the original peoples of North and South America (including Central America), and who maintains cultural identification through tribal affiliation or community recognition.
- WHITE Male Female
 A person having origins in any of the original peoples in Europe, North Africa, or the Middle East.
- TWO OR MORE RACES Male Female
 A person who primarily identifies with two or more of the above race/ethnicity categories.
- DECLINED TO IDENTIFY