



Employment Application

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.

Personal Information

NAME:

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

PRESENT ADDRESS:

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

PERMANENT ADDRESS (if different than above):

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

(Home Phone) (Email) (Cell Phone)

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 proceeding 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: _____	
_____ (Street) _____ (City) _____ (State) _____		Salary: Starting:\$ _____ Ending:\$ _____	
_____ (Name and Title of Supervisor)		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary Hrs/wk _____	
_____ (Your Position) _____ (Department) _____		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

EMPLOYER 2:

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

EMPLOYER 3:

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

EMPLOYER 4:

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

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

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

May we contact the above employers? Yes No If yes, which one(s)? _____

In consideration of my employment, I agree to conform to the rules and regulations of Maxum Petroleum, 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 other than the President and CEO, has any authority to enter into any agreement for employment other than on an at-will basis.

I certify that this application was completed by me and to the best of my knowledge, all entries and information made by me in this application are true and correct without omission of any kind. I understand that any false information contained in this application is cause for discharge at any time during my employment.

Having made application to Maxum Petroleum, for employment, I do hereby authorize the furnishing, without liability, of records and other information that Maxum Petroleum, Inc. may request in its evaluation of my qualifications for employment.

Maxum Petroleum - Notice/Disclosure and Authorization for Release of Information

This authorization and consent for release of personal information acknowledges that Maxum Petroleum, Inc. and its subsidiaries (herein known as Maxum) may conduct investigations. These investigations may include, but are not limited to: searches of financial, regulatory or credit agencies, investigation of personal history, records of previous employment (including detailed information on work history), searches of educational institutions, military records, criminal history information on file in local, state or federal agencies, Workers' Compensation records, and motor vehicle/driver's license records.

I understand that these searches will be used to determine employment eligibility under Maxum's employment policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representative of Maxum. In addition, I release and discharge Maxum and its agents and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs, expenses, or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that this notice will apply to any future update reports that may be requested and is valid for up to one year from the date below for hiring purposes. After reading this document, I understand fully its complete contents, and I authorize the background verification.

In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, we will provide you with a copy of the consumer report and a description in writing of your rights under the Federal Fair Credit Reporting Act.

Name:

(Last) (First) (Social Security Number)

Driver's License Number:

(Number) (State Issued)

Current Address:

(Street) (City) (State) (Zip Code) (How long at this address)

Previous last names or other alias:

Phone Number:

(Home Phone) (Work Phone) (Cell Phone)

Please list any other previous residences for the last 7 years (include address, city, state, zip code, and dates):

- 1. _____ 3. _____

- 2. _____ 4. _____

(Print Name) (Signature) (Date)

NOTICE: YOU HAVE THE RIGHT TO REQUEST DISCLOSURE OF THE NATURE AND SCOPE OF OUR INVESTIGATION AND/OR A WRITTEN SUMMARY OF YOUR RIGHTS UNDER SECTION 609(C) OF THE FEDERAL FAIR CREDIT REPORTING ACT BY PROVIDING US WITH A WRITTEN REQUEST WITHIN A REASONABLE TIME OF OUR BACKGROUND INVESTIGATION.

To All Applicants:

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.

GENERAL EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION DATA

Name:

(Last) (First) (Date)

Address:

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

Type of work for which you are applying:

RACIAL/ETHNIC GROUP 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



Driver Applicant Addendum

DRIVER'S LICENSE (Please provide for last 3 years. Attach additional pages if necessary.)				
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"/> refer			
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"/> refer			
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"/> refer			
Tractor – Three Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> van <input type="checkbox"/> tank <input type="checkbox"/> dump <input type="checkbox"/> refer			
Motorcoach/School Bus (More than 8 passengers) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Motorcoach/School Bus (More than 15 passengers) <input type="checkbox"/> Yes <input type="checkbox"/> No				
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:	

ACCIDENT RECORD (Please provide for last 3 years. Attach additional pages if necessary.)				
DATE OF ACCIDENT	NATURE OF ACCIDENT	LOCATION OF ACCIDENT	# OF FATALITIES	# OF PEOPLE INJURED

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