

TO ALL EMPLOYEES AND APPLICANTS FOR EMPLOYMENT:

For years **Aaron Oil Company** has followed an established Policy of nondiscrimination in matters relating to hiring and the treatment of its employees. We wish to reiterate and reemphasize that Policy.

Aaron Oil Company's Policy is to provide equal employment opportunities without regard to race, creed, color, age, sex, national origin, religion, status as an individual with a disability, or protected veteran status where otherwise qualified in accordance with national policy. This policy, as well as the Company's affirmative action obligations include the full support of the Company, including its **CEO**.

This Policy will be pursued in hiring, placement, upgrading, and other status changes, and in all other matters concerning treatment of our personnel. In this regard, we invite qualified individuals with disabilities, Disabled Veterans,¹ Recently Separated Veterans,² Active Duty Wartime or Campaign Badge Veterans,³ and Armed Forces Service Medal Veterans⁴ to identify themselves if they wish to do so. This voluntary disclosure may be provided to us at this time or at any time in the future. Such information will, to every extent possible, be kept confidential and will be used only for purposes in keeping with federal law. Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The Company has also developed written affirmative action programs for individuals with disabilities and protected veterans which may be inspected in the **Human Resource Manager's** office during normal business hours.

It is also the policy of **Aaron Oil Company** that no employee nor applicant for employment shall be subjected to harassment, intimidation, threats, coercion or discrimination because they engage in any of the following activities: (1) filing a complaint, (2) assisting or participating in an investigation, compliance evaluation, hearing, or any other activity related to the administration of the affirmative action provisions of Section 503 of the Rehabilitation Act of 1973 or the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended (VEVRAA) or any other federal, state or local law requiring equal opportunity for individuals

¹"**Disabled Veteran**" is one of the following: (a) A veteran of the U.S. military, ground, naval or air force who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or (b) a person who was discharged or released from active duty because of a service-connected disability.

²"**Recently Separated Veteran**" means any veteran during the three-year beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

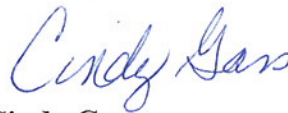
³"**Active Duty Wartime or Campaign Badge Veterans**" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

⁴"**Armed Forces Service Medal Veteran** means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

with disabilities or protected veterans, (3) opposing any act or practice made unlawful by Section 503, VEVRAA or any other federal, state or local law requiring equal opportunity for individuals with disabilities or protected veterans, or (4) exercising any other right protected by Section 503, VEVRAA or its implementing regulations.

To maintain a sound competitive position for the Company and to ensure the security of the jobs of all personnel, each job will be staffed by an individual who is competent and whose experience and employment record demonstrates that the individual is qualified for the job. **Aaron Oil Company** will treat all employees fairly and will provide them the opportunity to progress within the organization to the full extent of the capacity of the employee and the capacity of the Company.

Sincerely,

A handwritten signature in blue ink that reads "Cindy Gass". The signature is written in a cursive style with a large initial "C".

Cindy Gass
President



EEO/AA Pre-Offer Voluntary Self-Identification Information

Aaron Oil Company is an EEO/Affirmative Action Employer

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, mental or physical disabilities, veteran status, and all other characteristics protected by law. We also comply with all applicable laws including E.O. 11246 and the Vietnam Era Readjustment Assistance Act of 1974 governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations, which may apply, we invite you to complete this applicant data survey. Failure to provide information will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position applying for _____

Date _____

REFERRAL SOURCE

- | | | |
|--|--|--|
| <input type="checkbox"/> State Workforce Agency | <input type="checkbox"/> Company Website | <input type="checkbox"/> Employment agency _____ |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Online | <input type="checkbox"/> School _____ |
| <input type="checkbox"/> Employee Referral _____ | | <input type="checkbox"/> Other _____ |

APPLICANT INFORMATION

Name:

_____ Last

_____ First

_____ Middle

Address:

_____ Street

_____ City

_____ State

_____ ZIP

Home Phone: _____

Business phone/Cell phone: _____

ETHNICITY/RACE CATEGORIES

ETHNICITY/RACE: (identify **one or more** race categories)(definitions on the back)

- | | | |
|---|--|---|
| <input type="checkbox"/> Hispanic or Latino or identify a race listed below | | |
| <input type="checkbox"/> White (not Hispanic or Latino) | <input type="checkbox"/> Black or African American (not Hispanic or Latino) | <input type="checkbox"/> Asian (not Hispanic or Latino) |
| <input type="checkbox"/> Native Hawaii or Other Pacific Islander (not Hispanic or Latino) | <input type="checkbox"/> American Indian or Alaska Native (not Hispanic or Latino) | <input type="checkbox"/> Two or more races (not Hispanic or Latino) |
| <input type="checkbox"/> Do not wish to identify | | |

GENDER CATEGORIES

- Male Female Do Not Wish to Identify

PROTECTED VETERAN CATEGORIES

- Protected Veteran Not a Protected Veteran Do Not Wish to Identify

DEFINITIONS

ETHNICITY/RACE CATEGORY DESCRIPTIONS:

Hispanic or Latino includes a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin, regardless of race.

White (not Hispanic or Latino) includes a person having origins in any of the original peoples of Europe, North Africa, or the Middle East, or North America.

Black or African American (not Hispanic or Latino) includes a person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) includes a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (not Hispanic or Latino) includes a person have origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaskan Native (not Hispanic or Latino) includes a person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races (not Hispanic or Latino) includes a person who identifies with more than one of the above races.

PROTECTED VETERAN CATEGORY DESCRIPTIONS:

A disabled veteran includes any veteran of the U.S. military, ground, naval or air service who: (a) is entitled to compensation, or who but for the receipt of military retired pay would be entitled to compensation under laws administered by the Secretary of Veteran Affairs, or (b) was discharged or released from active duty because of service-connected disability.

Active Duty Wartime or Campaign Badge Veteran includes any veteran who served on active duty in the U.S. military, ground, naval or air service in a war, campaign or expedition in which a campaign badge has been authorized under the laws administered by the Department of Defense.

Recently Separated Veteran includes any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Armed Forces Service Medal Veteran includes any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United State military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Driver Notification

Right to Review/Right of Rebuttal

Rights regarding the investigative information that will be provided:

- i. The right to review information provided by previous employers;
- ii. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- iii. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who have previous DOT regulated employment history in the preceding three (3) years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request.

Drivers wishing to rebut information in records received must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

This notification supplied by **Aaron Oil Company, Inc.** at time of application for employment.

Applicants Signature

Date Signed



Driver 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 _____

First Middle Last

Address _____

Street City State Zip

How Long _____

Provide at least the last 3 years of previous residence

Previous Address _____

Street City State Zip

How Long _____

Date of Birth __/__/__

E-mail Address _____

Home Telephone# _____ Mobile/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 __/__/__

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



Driver Application for Employment
An Equal Opportunity Employer

Date available for work _____

What is your desired salary range \$ _____

Type of employment desired Full-Time Part-Time Temporary Seasonal

Person to Contact in Case of Emergency _____

Relationship _____ Phone Number _____

Are you willing to work overtime if required? Yes No

If no, please explain _____

Would you accept employment in another city? 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 Information

CDL Class ____A or ____B

Driver's license number _____

State In Which License Issued _____

Date License Expires _____

Category Endorsements

What Year Obtained? _____

HAZMAT Yes No

TANKER Yes No

TWIC Certification Yes No

Other _____



Driver Application for Employment
An Equal Opportunity Employer

Employment History

Note: DOT requires that employment for at least 3 Years and/or Commercial Driving Experience for the past 10 years be shown.

*Employer	*Telephone# ()	*Date employed ____/____/____ to ____/____/____
*Street Address	City State	Compensation starting <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
Starting Job Title/Final Job Title		Compensation Final <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
Immediate Supervisor and Title		*While Employed by this employer, I was subject to the FMCSR. YES NO Circle One
*Reason for Leaving		May we contact this employer for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Essential job requirements/responsibilities. List all that apply.		*Was job designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements, as required by 49CFR Part 40? YES NO Circle One
*Employer	*Telephone# ()	*Date employed ____/____/____ to ____/____/____
*Street Address	City State	Compensation starting <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
Starting Job Title/Final Job Title		Compensation Final <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
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Essential job requirements/responsibilities. List all that apply.		*Was job designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements, as required by 49CFR Part 40? YES NO Circle One

Applicant Must Supply All* Information Required



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Applicant Must Supply All *Information Required

Use additional pages when needed to complete information.



Driver Application for Employment
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Essential job requirements/responsibilities. List all that apply.		*Was job designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements, as required by 49CFR Part 40? YES NO Circle One
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Applicant Must Supply All *Information Required

Use additional pages when needed to complete information.



Driver Application for Employment
An Equal Opportunity Employer

Education Background

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

If you did not complete High School have you obtained your G.E.D.? _____

List all States current & previous where driver's licenses have been held.

Operator's License Number	State	Type	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

If so explain: _____

Has any license, permit or privilege ever been suspended or revoked? Yes No

If so explain: _____

Have you ever been disqualified subject to Section 391 of the Federal Motor Carrier Safety Regulations?

Yes No

Driver Experience

Class of Equipment	Dates	Have you ever driven in:	How long?	Miles Operated
Straight Truck		<input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Ice		
Tractor and Semi-Trailer		<input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Ice		
Tractor- Two Trailers		<input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Ice		
Tanker		<input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Ice		
Auto Carrier		<input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Ice		
Refrigerated Equipment		<input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Ice		
Other _____		<input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Ice		

List geographic areas operated in for last five years.

List types of products hauled.

Show special courses or training that will help you as a driver.



Driver Application for Employment
An Equal Opportunity Employer

Which safe driving awards do you hold and from whom?

Accident Review for the Past 3 years

Failure to disclose information may result in termination.

Date	Nature of Accident	Fatalities	Injuries	Hazmat/Chemical Spills

Traffic Convictions and Forfeitures for the Past Three Years

Failure to disclose information may result in termination. (Other than parking violations)

Date	Location	Charge	Penalty

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, and 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

List any additional information you would like us to consider.



Applicant Statement

I understand that the Fair Credit Reporting Act, Public Law 91-508, requires that I be advised that routine inquiry may be made during the Company's initial or subsequent processing which will provide applicable information concerning character and general reputation. I also understand that upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided to me. I also understand that I am entitled to a free copy of the written report generated by the inquiry, if one is made.

I authorize the Company and its representatives to inquire of all former employers or others who know me or know of me. It is agreed and understood that the Company and its agents may conduct background evaluations to ascertain and all information of concern, whether same is of record or not, and release all employers and persons names herein from all liability for any damages on account of their furnishing such information. Prior employers will be contacted for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations.

I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I further certify that all entries on and information in any subsequently executed medical questionnaire are true and correct to the best of my knowledge, and that I have read, understand, and agree to the above. I understand that any false information which I give may result in termination of my candidacy or any subsequent employment.

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

This certifies that this application was completed by me and that all entries on it and information in it are true and complete, to the best of my knowledge.

Signature of Applicant

Date



Driver Application for Employment
An Equal Opportunity Employer

Driver Prior 7 Days On-Duty Record

Driver's Name _____

Social Security Number _____

License Number _____

Type License _____ State _____

Instructions: The Department of transportation regulation (395.8 (j)(2)) requires temporary casuals, and new hires to furnish a statement of the amount of time worked during the seven (7) consecutive days prior to employment. In the space provided below, show the number of on-duty hours worked during each of the last 7 days.

Day	1	2	3	4	5	6	7	Total
Date								
Hours Worked								

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was relieved from work at:

_____ on _____
Day - Month -Year

EMPLOYER NAME

Driver Signature

Date

Witness

Date

DO NOT WRITE BELOW THIS LINE- FOR COMPANY USE ONLY
TO BE COMPLETED FOR CASUAL DRIVER'S ONLY

The Motor Carrier Safety Regulations (391.51) also require that the driver qualification file for an intermittent, occasional, or casual driver who is employed under the rules in subparagraph 391.63 must include the following: (Check each item below when on file.)

- Medical Examiner's Certificate- The medical examiner's certificate of the driver's physical qualification to drive or a legible (photographic) copy.
- Certificate of Road test- The original signed road test form and the certificate of driver's road test or a copy of the license or certificate which the motor carrier accepted as its equivalent.



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.

I acknowledge that I have been given driver notification of my right to review/right of rebuttal information provided by previous employers.

Signature of Applicant

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 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 "Summary of Your Rights" as defined 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
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Drivers License Number	State Of License	Expiration Date
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PROVIDE ADDRESS LISTINGS FOR THE LAST SEVEN (7) YEARS

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

Applicant's Signature (Required) PLEASE-DO NOT PRINT	Date	8/6/15
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