

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,<sup>1</sup> Recently Separated Veterans,<sup>2</sup> Active Duty Wartime or Campaign Badge Veterans,<sup>3</sup> and Armed Forces Service Medal Veterans<sup>4</sup> 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

---

<sup>1</sup>"**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.

<sup>2</sup>"**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.

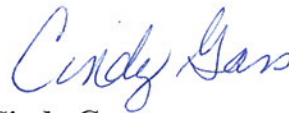
<sup>3</sup>"**Active Duty Wartime or Campaign Badge Veterans**" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

<sup>4</sup>"**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.<sup>1</sup> 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.

---

<sup>i</sup> 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](http://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.



**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 \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

E-mail Address \_\_\_\_\_

Telephone# (\_\_\_\_) \_\_\_\_\_ Mobile/Pager/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 \_\_\_\_/\_\_\_\_/\_\_\_\_



Application for Employment
An Equal Opportunity Employer

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

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your desired salary range? \$\_\_\_\_\_

Type of employment desired

[ ] Full-Time [ ] Part-Time [ ] Temporary [ ] Seasonal [ ] Educational Co-Op

Will you relocate if the job requires it? [ ] Yes [ ] No

Will you travel if the job requires it? [ ] Yes [ ] No

Are you able to meet the attendance requirements of the position? [ ] Yes [ ] No

Are you willing to work overtime if required? [ ] Yes [ ] No

If no, please explain\_\_\_\_\_

Have you ever been bonded? [ ] 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 number if driving is an essential job function \_\_\_\_\_State\_\_\_\_\_





## Application for Employment

An Equal Opportunity Employer

### Employment History

Starting with your most recent employer, assignments or volunteer activities provide the following information.

<b>Employer</b>	Telephone# ( )	Date employed ____/____/____ to ____/____/____
Street Address	City State	Compensation starting
Starting Job Title/Final Job Title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
Immediate Supervisor and Title		Compensation final
Reason for Leaving		Commission/Bonus \$
May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Essential job requirements/responsibilities
<b>Employer</b>	Telephone# ( )	Date employed ____/____/____ to ____/____/____
Street Address	City State	Compensation starting
Starting Job Title/Final Job Title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
Immediate Supervisor and Title		Compensation final
Reason for Leaving		Commission/Bonus \$
May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Essential job requirements/responsibilities
<b>Employer</b>	Telephone# ( )	Date employed ____/____/____ to ____/____/____
Street Address	City State	Compensation starting
Starting Job Title/Final Job Title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
Immediate Supervisor and Title		Compensation final
Reason for Leaving		Commission/Bonus \$
May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Essential job requirements/responsibilities



## Application for Employment

An Equal Opportunity Employer

### Employment History

Starting with your most recent employer, assignments or volunteer activities provide the following information.

<b>Employer</b> Telephone# ( )	Date employed ____/____/____ to ____/____/____
Street Address City State	Compensation starting
Starting Job Title/Final Job Title	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
Immediate Supervisor and Title	Compensation final
Reason for Leaving	Commission/Bonus \$
May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Essential job requirements/responsibilities
<b>Employer</b> Telephone# ( )	Date employed ____/____/____ to ____/____/____
Street Address City State	Compensation starting
Starting Job Title/Final Job Title	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
Immediate Supervisor and Title	Compensation final
Reason for Leaving	Commission/Bonus \$
May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Essential job requirements/responsibilities
<b>Employer</b> Telephone# ( )	Date employed ____/____/____ to ____/____/____
Street Address City State	Compensation starting
Starting Job Title/Final Job Title	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
Immediate Supervisor and Title	Compensation final
Reason for Leaving	Commission/Bonus \$
May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Essential job requirements/responsibilities



**Application for Employment**  
An Equal Opportunity Employer

**Skills and Qualifications**

Microsoft Word  
  Microsoft Excel  
  Microsoft PowerPoint  
  Microsoft Access  
  Microsoft Office  
  Internet

Summarize any special training skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying:

---



---

**Education Background (if job related)**

Starting with you most recent school attended, provide the following information.

School (Include City and State)	Number of Years Completed	Achieved	GPA Class Rank	Major	Minor
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree			
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree			
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree			

**References**

List name and telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Title	Relationship to Candidate	Telephone	Number of Years known
			( )	
			( )	
			( )	
			( )	
			( )	

**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, 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

---



---



---



**Application for Employment**  
An Equal Opportunity Employer

List any additional information you would like us to consider.

---

---

---

**Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employers, its agents, employees or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no questions on this applications is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (a) Cancel further consideration of this application or (b) immediately discharge me from the employer's service, and may void my right to workers' compensation, whenever it is discovered.

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## Application for Employment

An Equal Opportunity Employer

### 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.

Signature \_\_\_\_\_

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.

<b>Applicant First Name</b>	<b>Middle Name (no initials please)</b>	<b>Last Name</b>
-----------------------------	---	------------------

<b>Maiden Name,</b>	<b>And/Or Any Other Names Used,</b>	<b>Nickname</b>
---------------------	-------------------------------------	-----------------

<b>Present Address</b>	<b>City</b>	<b>State/Zip</b>	<b>County</b>	<b>How long there?</b>
------------------------	-------------	------------------	---------------	------------------------

<b>Date Of Birth</b>	<b>Sex</b>	<b>Race</b>	<b>Social Security Number</b>
----------------------	------------	-------------	-------------------------------

<b>Drivers License Number</b>	<b>State Of License</b>	<b>Expiration Date</b>
-------------------------------	-------------------------	------------------------

**PROVIDE ADDRESS LISTINGS FOR THE LAST SEVEN (7) YEARS**

<b>Former Address</b>	<b>City</b>	<b>State/Zip</b>	<b>County</b>	<b>How long there?</b>
-----------------------	-------------	------------------	---------------	------------------------

<b>Former Address</b>	<b>City</b>	<b>State/Zip</b>	<b>County</b>	<b>How long there?</b>
-----------------------	-------------	------------------	---------------	------------------------

<b>Former Address</b>	<b>City/State/Zip</b>	<b>County</b>	<b>Please list seven years of residence</b>	<b>How long there?</b>
-----------------------	-----------------------	---------------	---	------------------------

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