

FAX: (316) 636-1155
E-MAIL:

RECRUIT.OPPORTUNITIES@GMAIL.COM

HARTMAN OIL CO., INC.
10500 E. BERKELEY SQUARE PARKWAY
SUITE 100
WICHITA, KS 67206
EQUAL OPPORTUNITY EMPLOYER

WICHITA
CORPORATE OFFICE
(316) 636-2090

APPLICATION FOR EMPLOYMENT

Please read before filling out this application.

This employer does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, marital status, ancestry, age, pregnancy or disability. Qualified disabled individuals will be given accommodation for employment and advancement unless such an accommodation would impose an undue hardship on the conduct of the employer's business. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

In processing this employment application, the corporation or any of its affiliates and subsidiaries may request that an investigative consumer report be prepared; which may include information as to your character, general reputation, police record, personal characteristics and mode of living as provided by the Fair Credit Reporting Act of 1970. You have the right to request that the company completely and accurately disclose to you the nature and scope of the investigation requested. Such a request must be made in writing to the Human Resources Department of this company within a reasonable time after you complete this application. Should employment be denied as a direct result of information contained in such an investigative consumer report, you will be advised as to the name and address of the consumer reporting agency supplying the report and you should contact such agency for any further information you desire.

I authorize and direct **Hartman Oil Company, Inc.** or any of its affiliates and subsidiaries to make whatever inquiries it deems necessary or desirable, and to contact consumer reporting agencies or other persons, and to secure consumer reports or investigate consumer reports in connection with my application for employment. I further authorize and direct any person or consumer reporting agency to participate in and make such inquiries at the request of such corporation or its affiliates and subsidiaries, and to compile and furnish any information it may have or obtain in response to such inquiries.

Signature: _____ Date: _____

Please answer every question. Use ink. Please print.

Name _____ Date: _____
First Middle Initial Last Cellular Number: _____
Address _____ Home Number: _____
City State Zip Code Length of Time
at this Address: _____

From here on, please write or print in your normal style (manner). If you would like to request a accommodation to complete this form, please contact a Human Resources Representative.

Type of work desired _____ Salary requirements _____
How were you referred to us? _____ Date available for work _____

Are you over 17 years of age? Yes () No ()

Are you a United States citizen? Yes () No ()

If no, are you legally authorized by the Department of Homeland Security to work in this country? Yes () No ()

Education

Name	Address City State	Major Course or Subject	Circle last year completed	If graduated month & year	GPA/ Degree
High School or Preparatory			1 2 3 4		
Business School			1 2 3 4		
College			1 2 3 4		
Graduate Work			1 2 3 4		

Have you been employed here previously? Yes () No ()

Have you ever applied here before? Yes () No ()

Have you ever been convicted of a criminal offense or other illegal activity? Yes () No () If yes, please explain.
 (A conviction will not necessarily disqualify you from employment.) _____

Employment Record

Starting with present or most recent, list all previous employers. Include self-employment, summer and part-time jobs. If you worked under a name other than shown on the front of this application, please inform the interviewer as to what name this corporation should use when making previous employment verification inquiries.

Please see resume.

Name and Address of Former Employer	Dates Employed	Positions & Duties	Salary		Please explain why you left your former position (optional)
			Starting	Leaving	
Company Name	From Mo & Yr To Mo & Yr		Starting	Leaving	
Immediate Supervisor					
Address Tele.					
City and State Zip					
Company Name	From Mo & Yr To Mo & Yr		Starting	Leaving	
Immediate Supervisor					
Address Tele.					
City and State Zip					
Company Name	From Mo & Yr To Mo & Yr		Starting	Leaving	
Immediate Supervisor					
Address Tele.					
City and State Zip					

If presently employed, why do you desire to change your position? _____

If you are now employed, may we contact your present employer? Yes () No ()

Please read before signing. If you have any questions or concerns regarding any of these statements, please express them to the employment interviewer before signing.

Contingent upon my employment with Hartman Oil Company, Inc., or any of its affiliates and subsidiaries, I agree to comply with all rules and regulations as set forth in the employer's policy manual, which is not contractual and may be unilaterally changed by the employer at anytime, or other communications distributed to all employees. I also understand that following any offer of employment that such employment is conditional upon a favorable health evaluation administered uniformly for this job. Such health evaluation may include a physical examination, a drug test and/or completion of a health evaluation form, to which I hereby consent. The results of the tests will remain confidential with limited, but necessary exceptions. I understand that if I am involved in a workplace accident that I will be required to take a drug and/or alcohol test at the time of accident.

I am aware that the Immigration Reform and Control Act provides that the employers must verify, on a form provided by the Attorney General, that anyone hired is not an "unauthorized alien." As a condition of employment, I agree to supply whatever documentation may be required to establish my citizenship or verify that I am authorized by the U.S. Department of Homeland Security to work in this country.

I understand that in the absence of a written agreement to the contrary, my status, if employed, will be that of an employee at will, with no contractual rights, expressed or implied. In consideration of my employment, I specifically agree that my employment may be terminated with or without cause, with or without notice, at any time, at the option of either the employer or myself.

I further understand that no director, officer or employee of Hartman Oil Company, Inc., its affiliates or subsidiaries, has any authority to state, suggest or imply that I have an employment contract for other than an indefinite period of time. Promotions, performance evaluations, salary increases, merit raises, and/or the statement of my salary in other than hourly or weekly rates does not define my period or length of employment. In other words, I do not have any continuing expectancy of employment for any period of time, definite or indefinite, should a job offer be extended and accepted.

I hereby acknowledge that I have read the above statements and understand the same. I certify that all statements made by me on this application are true and complete. I understand that falsification of any information contained in this application or omission of any information requested in this application will be reason for termination or rejection of this application. My answers to optional disclosures were given voluntarily, and I understand that the corporation will not use those answers to discriminate against me.

Signature: _____ **Date:** _____



Date of Hire _____

For Employer's Use Only

(To be completed after applicant is hired)

Date Employed _____ Company Name _____

Full Time Part Time Exempt Non-exempt Starting Rate \$ _____ Job Title _____

Employment Authorized By: _____ Replacement () _____ Addition to Staff () _____

Comments: _____

(To be completed if applicant is refused employment)

Was applicant rejected in whole or in part based on an investigative consumer report? Yes () No ()

If yes, was/were the name(s) and address(es) of the consumer reporting agency(ies) supplied to applicant? Yes () No ()

Date supplied _____ Initials _____ Attach a copy of such notice to this application _____

(To be completed if applicant requests)

Was a written request by applicant for a disclosure of the nature and scope of the investigative consumer report received by the employer? Yes () No ()

If yes, was such disclosure made in writing to applicant not later than 5 days after the date of which the request was first received or 5 days after the employer first requested the report? Yes () No ()

Date supplied _____ Initials _____ Attach a copy to this application _____

