

Arnold Oil Company of Austin, LP
Texas TPC, LTD
Arnold Oil Company Fuels, LLC
 5909 Burleson Road, Austin, TX 78744
 P 512.476.2401 - F 512.476.7711

EMPLOYMENT APPLICATION

I understand employment that may result from this application will be "AT WILL" and as such may be terminated at any time by me or the Company with or without reason. I also understand the only employment contracts are those specifically authorized by Company management which have been reduced to writing and executed by both the employee and an authorized representative of the Company, at or above the corporate senior management level. Accordingly, I understand that no employment contract, either expressed or implied, for any period, is created hereby should I be hired by the Company. Any salary figures stated to an applicant in annual or monthly terms are stated for the sake of convenience or to facilitate comparisons and are not intended to create an employment contract for any specific period of time.

Should I be considered as a candidate for a position, a "conditional offer" of employment will be made to me. Employment will be contingent upon successfully completing any number of pre-employment criteria. Among those are a pre-employment UDS (Urinalysis Drug Screen), a pre-employment WorkSTEPS Test/FCE (Functional Capacity Exam), a Criminal History Check, Previous Employment Verification, and a MVR (Motor Vehicle Record) check. **Any material omissions or false information provided in the application or during the interview process will result in withdrawal of a conditional offer or discharge, regardless of when discovered. I have read the above information and fully understand the requirements regarding the various pre-employment criteria.**

↓ **APPLICANT SIGNATURE BOX** ↓

APPLICANT: I agree to the statements listed above:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Applicant Signature			
PRINT Applicant Name		Date	

↓ **HIRING MANAGER ONLY** ↓

Job Title (Under Consideration)		Location (Under Consideration)	
<u>NOTICE CDL APPLICATIONS</u> : Include a copy of the Texas Driver's License & Medical Card			
Is this a Full-Time position?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Is there a vacant position available to be filled under your supervision?
Is this a Part-Time position?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If NO vacant position is available, is this a new position?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If YES, has the Sr. Vice President approved the new FTE position?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Does this position have employee supervision responsibility?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Was a Verbal Conditional Job Offer made?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Was a Verbal Conditional Rate-of-Pay/Salary Offer made?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Verbal Rate-of-Pay/Salary offered: \$ _____ per _____	Salary EXEMPT Conditional Offer Letter issued? YES <input type="checkbox"/>	NO <input type="checkbox"/>	Salary NON-EXEMPT Conditional Offer Letter issued? YES <input type="checkbox"/>
			NO <input type="checkbox"/>
Hiring Manager SIGNATURE	PRINT Hiring Manager Name		Date

EMPLOYMENT APPLICATION

CONTINUED

PERSONAL INFORMATION

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

Date: _____

Position(s) Sought: _____

Print Name: _____

S.S. Number ____-____-____ D.O.B.: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone # : _____ Cell Phone #: _____

Email Address: _____

Have you worked for this company before? YES _____ NO _____

Dates: From _____ To _____ Location: _____

Reason for leaving: _____

Are you employed now? ____ If not, how long since leaving last employment _____

Who referred you? _____ Expected Pay? _____

Are you capable of heavy manual labor? YES _____ NO _____

Successful completion of a Functional Capacity Exam is required to be considered for employment with Arnold Oil Company of Austin, LP and its affiliates. Are you willing to submit to a Functional Capacity Exam (physical examination)?

YES _____ NO _____

**EMPLOYMENT APPLICATION
CONTINUED**

MILITARY INFORMATION

Have you served in the U.S. Armed Forces? (Circle one) Y or N Branch _____

Dates: From _____ to _____ Rank _____

EDUCATION

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

Last school attended _____

Are you at least 18 years of age? _____ If yes, can you provide proof? _____

DRIVING & CRIMINAL BACKGROUND

Drivers License # _____ State: _____ Type: _____ Exp. Date _____

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

YES NO **If you answer YES, explain below.**

B. Have you ever had a suspended, invalid, forfeited or revoked driver's license, permit or privilege?

YES NO **If you answer YES, explain below.**

C. Have you ever been convicted of, or have you pled guilty or no contest to a felony offense?

YES NO **If you answer YES, explain below.**

Answering yes will not necessarily preclude you from being hired.

**EMPLOYMENT APPLICATION
CONTINUED**

EMPLOYMENT HISTORY

Provide all the information below for the last **three (3) years**. If you were unemployed for a period of **3-months or longer**, list an explanation in a box below (EXAMPLE: In School, Looking For a Job, Family Emergency, etc.). The EMPLOYMENT APPLICATION will be INCOMPLETE if any information is not provided!

DRIVER APPLICANTS: Provide a ten (10) year employment history.

Begin with the last job you had and work back in time from that point. Use the next page if needed.

Previous Employer		Phone Number	
Address		City	State Zip Code
Position		From Date	To Date
Salary	Reason for Leaving		

Previous Employer		Phone Number	
Address		City	State Zip Code
Position		From Date	To Date
Salary	Reason for Leaving		

Previous Employer		Phone Number	
Address		City	State Zip Code
Position		From Date	To Date
Salary	Reason for Leaving		

Previous Employer		Phone Number	
Address		City	State Zip Code
Position		From Date	To Date
Salary	Reason for Leaving		

Previous Employer		Phone Number	
Address		City	State Zip Code
Position		From Date	To Date
Salary	Reason for Leaving		

EMPLOYMENT APPLICATION
CONTINUED
EMPLOYMENT HISTORY

Previous Employer			Phone Number
Address		City	State Zip Code
Position		From Date	To Date
Salary	Reason for Leaving		

Previous Employer			Phone Number
Address		City	State Zip Code
Position		From Date	To Date
Salary	Reason for Leaving		

Previous Employer			Phone Number
Address		City	State Zip Code
Position		From Date	To Date
Salary	Reason for Leaving		

Previous Employer			Phone Number
Address		City	State Zip Code
Position		From Date	To Date
Salary	Reason for Leaving		

Previous Employer			Phone Number
Address		City	State Zip Code
Position		From Date	To Date
Salary	Reason for Leaving		

Previous Employer			Phone Number
Address		City	State Zip Code
Position		From Date	To Date
Salary	Reason for Leaving		

**EMPLOYMENT APPLICATION
CONTINUED**

DRIVING RECORD HISTORY

FOR DRIVER APPLICANTS ONLY

Please list the information for each UNEXPIRED commercial motor vehicle operator's license or permit that has been issued to you:

Issuing State: _____ Number: _____ Expiration Date: _____

Issuing State: _____ Number: _____ Expiration Date: _____

List States operated in for last five (5) years _____

List current CDL Endorsements you have: _____

DRIVING EXPERIENCE

Class of Equipment	Type of Equip.	From	To	# Miles
Straight Truck				
Tractor/Semi-Trailer				
Tanker				
Other				

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

Which safe driving awards do you hold and from who? _____

ACCIDENT RECORD FOR PAST THREE (3) YEARS OR MORE

DATE	NATURE OF ACCIDENT	FATALITIES	INJURIES

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST THREE (3) -YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(Use Additional Space Below if Required)

**EMPLOYMENT APPLICATION
CONTINUED**

**GENERAL ADMINISTRATIVE QUALIFICATIONS
(IF APPLICABLE FOR THE JOB YOU APPLY FOR)**

Indicate training and show experience in the following:

* Indicate words per minute	training (check)	Years of Experience
Typing * _____		
Shorthand * _____		
Billing _____		
Fax _____		
Data Entry _____		
10 Key _____		
Multi-Line Telephone _____		
Personal Computer _____		
Accounting A/R _____		
Accounting A/P _____		
Bank Reconciliations _____		

List computer software programs you have worked with

APPLICANT VERIFICATION

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this entire Employment Application (including the release and authorization forms) by my own hand, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature	
PRINT Applicant Name	Date

**EMPLOYMENT APPLICATION
CONTINUED**

**MOTOR VEHICLE DRIVER'S RECORD
RELEASE AUTHORIZATION**

As a candidate for employment with Arnold Oil Company of Austin, L.P. (the Company), I authorize the Company to acquire an official copy of my driving record for the previous three years (five years for CDL applicants). I further authorize a copy of MY driving record be retained by the Company for placement in my personnel folder should I be hired for employment.

Applicant Signature Date

Driver Information as Appears on your Driver's License:

NAME: First Middle Last

ADDRESS: Street City State Zip Code

License #: _____ State: _____

Expiration Date: _____ Date of Birth: _____

Class of License _____ Endorsements: _____ Restrictions: _____

Has your driver's license ever been invalidated, revoked, forfeited or suspended?

YES NO

If yes, Why? _____

**EMPLOYMENT APPLICATION
CONTINUED
CRIMINAL BACKGROUND
RELEASE AUTHORIZATION**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. Your major rights under the FCRA include:

- to be told if information in your file has been used against you.
- to be provided the name, address, and phone number of the agency that provided the information.
- to be offered a free file disclosure if an adverse action has been taken against you based on information in a report from a consumer reporting agency.

The consumer reporting agency used to provide public record information to Arnold Oil Company, L.P. is:

Criminal411.com

ADDRESS:

10501 N. Central Expressway
Ste.308
Dallas, TX 75231

TELEPHONE:

214-206-3565

E-MAIL:

support@criminal411.com

As a candidate for employment with Arnold Oil Company of Austin, L.P., I authorize you to perform a professional background review, including a criminal history check, based on the personal information provided below.

PRINT Applicant Name		Applicant Signature	
PRINT Address, City, State, Zip Code			
Social Security Number	Date-of-Birth	Date	

**EMPLOYMENT APPLICATION
CONTINUED**

EMPLOYMENT INFORMATION

RELEASE AUTHORIZATION

PRINT NAME: First _____ Middle _____ Last _____

PRINT ADDRESS: Street _____ City _____ State _____ Zip Code _____

License _____

SS Number: _____ Date of Birth: _____

I understand that Arnold Oil Company of Austin (the Company) and its subsidiaries may contact my previous employers and I authorize those employers to disclose to Arnold Oil Company and its subsidiaries all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, **I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to Arnold Oil Company and its subsidiaries, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.** I authorize the people named herein as personal references to provide Arnold Oil Company and its subsidiaries with any pertinent information they may have regarding my previous employment.

Applicant Signature

Date

**EMPLOYMENT APPLICATION
CONTINUED**

**PRE-EMPLOYMENT TESTING CONSENT
AND
TEST RESULTS RELEASE AUTHORIZATION**

I understand that if offered employment it will be conditioned upon the successful completion of a post offer / pre-placement WorkSTEPS Test/Functional Capacity Exam and Urinalysis Drug Screen. I do hereby consent to take these tests in accordance with Arnold Oil Company LP, Texas TPC, LTD and Arnold Oil Company Fuels LLC policy and request that my application for employment be processed pursuant to Company policy.

I also hereby consent to release the results of the test results indicated above, to my prospective employer and/or representatives.

Functional Capacity Exam (FCE) _____ (please initial)

Urinalysis Drug Screen (UDS) _____ (please initial)

NOTICE:

I understand that if I am not currently employed that I will be given advance notice of my appointment for the Functional Capacity Exam and Urinalysis Drug Screen. I also hereby consent to complete the FCE and UDS as scheduled.

I understand that if I am currently employed that I will make myself available to take my Functional Capacity Exam and Urinalysis Drug Screen between 8:00 AM and 10 AM or 2:00 PM and 5:00 PM. Notice of the appointment date will be given to me in advance. I also hereby consent to complete the FCE and UDS as scheduled.

Employed Applicant's APPOINTMENT PREFERENCE (You may choose both for faster service.)

8:00 AM and 10:00 AM _____ (please initial)

2:00 PM and 5:00 PM _____ (please initial)

Applicant Signature	Social Security Number
PRINT Applicant Name	Date

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years

old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.
- **States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

If an adverse decision is made based upon the information found during the Background check, you will be provided a copy of the report. Arnold Oil company and its subsidiaries used the following company:

Criminal 411

Phone: (214) 206-3565 Fax: (214) 206-3566 11520 N Central Expy Ste 230, Dallas, TX 75243-6676 <http://www.criminal411.com>

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342

Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture

You may contact them to discuss the results that were provided to the Company.

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