



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap, or national origin.

Please Read Before Completing This Application

Thank you for your interest in applying for a job with the Questco Companies. We need you to complete this application so we can determine whether there is a basis for a working relationship between you and the Questco Companies. Please understand that our acceptance of this application does not create any obligation on our part to hire you nor on your part to work for us. Also, please be aware that your signature on this document has certain legal consequences. We suggest that you read the "Applicant's Acknowledgment" at the end of this application before you proceed further so that you are fully aware of what we expect of applicants and employees. Then, answer all questions thoroughly and truthfully.

Please Answer Every Question, Use Ink and Print

Applicant's Name: First Middle Last

Applicant's Address: Number & Street City State Zip

Phone Numbers: Day Evening Driver's License Number State

Position Applied For Salary Requirements Date Available for Work

Emergency Contact(s): Name(s) Phone Number(s)

List Previous Addresses if Changed During Past 5 Years

Please Circle

Have you been employed by our organization before? Yes No

If yes, when and where? _____

Are you 18 years of age or older? We may require proof of age. Yes No

Are you eligible to work in the United States? Proof of Eligibility required Yes No

Have you ever been convicted of any crime? Yes No

If yes, explain _____

State the highest level of Education completed and where _____

Have you ever been on active U.S. Military Duty? Yes No

If so, please state branch of service and dates of service _____

Are you now a member of the National Guard or the U.S. Armed Forces Reserves? Yes No

EMPLOYMENT HISTORY (Use additional page if more space is needed)

Starting with Present or Most Recent, list all previous employers for the past 7 years. List only employers within the United States. Include self-employment, summer and part-time jobs, as well as military service.

Company Name	City/State	Phone Number	
Supervisor's Name	Position Held	Starting Salary	Ending Salary
Major Duties _____			
Dates Employed _____ To _____ Reason for Leaving _____			

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Supervisor's Name	Position Held	Starting Salary	Ending Salary
Major Duties _____			
Dates Employed _____ To _____ Reason for Leaving _____			

APPLICANT ACKNOWLEDGMENT OF TERMS & CONDITIONS OF APPLICATION

IT IS VERY IMPORTANT THAT YOU READ THIS SECTION CAREFULLY, AND THAT YOU FULLY UNDERSTAND IT BEFORE YOU SIGN IT. THIS SECTION AFFECTS YOUR LEGAL RIGHTS. IF YOU HAVE ANY QUESTIONS, PLEASE ASK A QUESTCO REPRESENTATIVE BEFORE YOU SIGN THIS APPLICATION.

In exchange for The Questco Companies's consideration of this employment application:

1. I promise that all information I have supplied in this application and any other form, oral or written, is true and accurate, and I agree that any misstated, misleading, incomplete, or false information is grounds for rejection and destruction of this application form, refusal to hire, withdrawal of an offer of employment, or immediate discharge without recourse, whenever and however discovered. I make this promise because I understand that you will rely on my statements to you in making your decision whether to hire me.
2. I understand and agree that The Questco Companies, any agent acting on their behalf, as well as any other person responding to a reference request pursuant to this application, can and will seek and/or disclose any and all information about me which said corporation, agent, or person may have. I specifically authorize said disclosure and agree to hold all such corporations, agents, or persons harmless for same. That is, I will not file a lawsuit, claim, or charge against them for such disclosure. Nor will I threaten same or otherwise seek any kind of compensation for such disclosure.
3. I understand and agree with the fact that The Questco Companies maintains a drug-free workplace, that maintenance of same is essential to the safety of the workplace and employees, and that I may be required to undergo a pre-employment or post-employment examination, consistent with applicable law, including, but not limited to, drug and/or alcohol screening and testing, genetic screening, or paper and pencil tests, designed to ascertain my suitability for employment and/or the jobs for which I am being considered. I also understand and agree that I will be subject to such testing during the course of my employment, and I specifically agree not to oppose in any fashion such pre-hire or post-hire testing. I understand that, subject to applicable law, The Questco Companies shall be the sole judge of the acceptability of any test results. I also acknowledge that I have been advised that The Questco Companies is an Equal Opportunity Employer, that The Questco Companies does not discriminate against persons who are physically or mentally handicapped, and that The Questco Companies administers its employment policies in a non-discriminatory manner.
4. I understand that I can request a copy of The Questco Companies employee guidebook, and that if I so desire, I can review said guidebook before I submit this employment application. I agree to abide by the terms and conditions of all rules and regulations including The Questco Companies's vehicle driving and seat belt policies and including without limitation, the requirement that any accident, or any injury, no matter how minor, be immediately reported to supervision.
5. I understand and agree that, if hired, my employment will be at will, and that I or The Questco Companies can terminate this employment relationship at any time, with or without notice, for any reason, good or bad, without recourse by either of us. I also understand that, if I am hired, The Questco Companies has a "familiarization period" during which I am expected to determine as quickly as possible whether I wish to continue working for The Questco Companies, just as The Questco Companies will determine as quickly as possible whether it wants me to continue working for The Questco Companies. Nothing about this familiarization period, or its completion, changes the fact that, if hired, my employment will be at will. I also understand that no one at The Questco Companies or any The Questco Companies client has authority to alter any of the terms and conditions of this application or The Questco Companies' employment policies, except The Questco Companies's Chairman of the Board, and then only in writing signed by the Chairman of the Board. This paragraph means exactly what it says.
6. **I SPECIFICALLY AUTHORIZE QUESTCO TO INVESTIGATE MY BACKGROUND, INCLUDING ANY AND ALL REFERENCES, AVAILABLE CRIMINAL AND OTHER JUDICIAL RECORDS, AND MY CREDIT RECORD, WHERE APPLICABLE TO THE POSITION FOR WHICH I AM APPLYING AND CONSISTENT WITH THE APPLICABLE LAW. I UNDERSTAND THAT THE QUESTCO COMPANIES WILL NOTIFY ME IF AND WHEN A CREDIT RECORD INVESTIGATION IS PERFORMED AND THE SOURCES INVESTIGATED. I AUTHORIZE THE QUESTCO COMPANIES TO USE ALL LEGAL MEANS AT ITS DISPOSAL TO ASSESS MY SUITABILITY FOR EMPLOYMENT. I MAKE THIS AUTHORIZATION IN RETURN FOR QUESTCO'S CONSIDERATION OF ME FOR EMPLOYMENT, AND I SPECIFICALLY RELEASE AND HOLD THE QUESTCO COMPANIES HARMLESS FOR ANY AND ALL LIABILITIES ARISING OUT OF THEIR INVESTIGATION OF MY APPLICATION FOR EMPLOYMENT.**
7. I understand and agree that work schedules and requirements vary and can be unpredictable, and that, while The Questco Companies will make reasonable efforts to accommodate work schedules and employee availability, I may be required to work overtime, weekends, different shifts, or other arrangements. I consent to these requirements as necessary and legitimate conditions of employment.
8. I understand if I am not hired within 30 days from the date of this application, I must complete a new application and employment packet. Also, if I terminate employment for longer than 30 days, I must complete a new Employment Packet. I have read and understand everything on this application.

Applicant Printed Name

Date

Applicant Signature or Mark

Date



Apache Oil Co LP	Permissible Purpose Certification: <input checked="" type="checkbox"/> Pre-Employment Screening
Please provide the checked package:	<input type="checkbox"/> Basic + County <input type="checkbox"/> Basic + MVR <input type="checkbox"/> Level 1 + MVR

BACKGROUND SCREENING DISCLOSURE AND AUTHORIZATION

Applicants: Please read the following statements carefully

NOTICE

In connection with your application for or continued employment, **Apache Oil Co LP** (“Company”) may order a background report (“consumer report”) or an “investigative consumer report”. These reports may be obtained at any time after receipt of your signed authorization and, if you are hired by Company, throughout your employment where permissible by law. These reports may contain information about your character, general reputation and/or mode of living and may include information including, but not limited to: social security number verification, criminal/civil records, driving records, employment and education history, professional licensing/certifications, credit reports, and drug testing results.

Investigative consumer reports are consumer reports gathered from personal interviews with sources such as your neighbors, friends, or associates. You have the right, upon written request made within a reasonable time after receipt of this notice to ask the Company to disclose the nature and scope of any investigative consumer report. You also may request a copy of that report from the Company. A disclosure regarding the nature and scope of an investigative consumer report shall be made in writing and delivered to you by the Company no later than five days after (i) the date on which your request for the disclosure was received or (ii) the date on which the investigative consumer report was first requested, whichever is later.

LS Screening, LLC, (“LSS”), a Consumer Reporting Agency, will prepare the consumer report. They may be contacted at:

PO Box 3051
 Forney, TX 75126
 (800) 755-3392 Voice/(800) 283-4883 Fax

Per the Fair Credit Reporting Act, you may be entitled to a copy of the report. The Fair Credit Reporting Act gives you specific rights in dealing with Consumer Reporting Agencies. You will find these rights summarized in *A Summary of Your Rights Under the Fair Credit Reporting Act*. A copy of that document can be found at http://files.consumerfinance.gov/f/201410_cfpb_summary_your-rights-under-fcra.pdf

STATE LAW NOTICES

If you live or work for the Company in the states listed below, please note the following:

Minnesota applicants only: You have the right, upon written request to LSS, to receive a complete and accurate disclosure of the nature and scope of any consumer report. LSS must make this disclosure within five days of your request for disclosure or of the Company’s request for the report, whichever is later.

Minnesota / Oklahoma applicants: You have the right to receive a copy of your consumer/investigative consumer report by checking “Yes” below. Please check the appropriate box if you would like to receive a free copy of your consumer report.

YES **NO**

New Jersey applicants: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from LSS. You may inspect and order a free copy of the report by contacting LSS.

New York applicants: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from LSS, and you will be provided with the name and address of LS Screening. You may inspect and order a free copy of the report by contacting LSS. By signing below, you certify that you have received a copy of New York Correction Law 23-A.

Washington State applicants: If the Company requests an investigative consumer report, you have the right, upon written request made to the Company within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigative consumer report requested by the Company. You also have the right to ask LSS for a written summary of your rights under the Washington Fair Credit Reporting Act.

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND REPORTS

By providing the requested information and signing below, I acknowledge receipt of the **Background Screening Disclosure and Authorization Notice, A Summary of Your Rights under the Fair Credit Reporting Act** (available at http://files.consumerfinance.gov/f/201410_cfpb_summary_your-rights-under-fcra.pdf) and any other document referenced in this Background Screening Disclosure and Authorization Notice and certify that I have read and understand all of those documents provided to me by the Company. By my signature below I hereby authorize the Company to obtain consumer reports and/or investigative consumer reports for employment purposes at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by LS Screening, PO Box 3051, Forney TX 75126, (800) 755-3392 Voice/(800) 283-4883 Fax. I agree that a facsimile (fax), electronic or photographic copy of this Authorization shall be as valid as the original.

I understand that signing my name below, constitutes my consent and that by doing so: I am acknowledging Company has disclosed that they may request a consumer report or investigative consumer report; that I am authorizing LS Screening to conduct the background check(s) described above; and I certify that facts and information in this form and any attachments I have provided are true, accurate, and complete to the best of my knowledge.

PLEASE PROVIDE ALL INFORMATION AND PRINT CLEARLY

APPLICANT'S LEGAL NAME:

_____ Last Name First M.I.

SOCIAL SECURITY #:

DATE OF BIRTH:

Month/Day/Year

CURRENT HOME ADDRESS:

_____ Street City/State Zip

DRIVER'S LICENSE #:

STATE OF ISSUANCE:

EMAIL ADDRESS:

APPLICANT SIGNATURE : _____ DATE: _____

www.lsscreen.com

Fax to (512) 275-1134

Email to consents@lsscreen.com