



EMPLOYMENT APPLICATION

As an equal opportunity employer, Webber Energy Fuels/Webber Oil Company considers applicants for all positions without regard to race, color, religion, sex, national origin, age, veteran status, disability of an otherwise qualified applicant, or any other legally protected status.

PERSONAL INFORMATION:

Applicant Name _____ Social Security # _____

Address _____ City _____ State _____ ZIP _____

Tel. # _____

PRIOR ADDRESSES (for the past 5 years...use additional paper if necessary):

1. _____
2. _____
3. _____
4. _____

DESIRED EMPLOYMENT:

POSITION _____ Hourly Rate/Salary Desired _____

Available to work: Full-Time _____ Part-Time _____ Shift Work _____ Temporary _____

Can you perform the essential job functions of the position for which you have applied with or without reasonable accommodation? Yes No

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No (Proof of citizenship or immigration status will be required if employed.)

Are you currently obligated by a non-compete, or similar agreement, with another employer? Yes No
If yes, please explain _____

- | | |
|---|---|
| Have you ever filed an application with us? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been employed with us? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates _____ |
| Are you currently employed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you currently on "lay-off"/recall status? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you willing to work overtime? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you willing to work weekends/evenings | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Can you travel if a job requires it? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

EDUCATION:

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	# YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

Describe any specialized training, apprenticeship, skills, extra-curricular activities, licenses with numbers, certificates, and permits (other than motor vehicle): _____

APPLICANT'S UNEXPIRED MOTOR VEHICLE LICENSES OR PERMITS:

1. _____

2. _____

Have you ever been convicted of a crime or pled guilty, "nolo", or no contest? Yes No

If yes, please list approximate date, nature of offense, location, status and penalty: _____

Is there criminal action currently pending against you? Yes No

If yes, please list approximate date, nature of offense, location, and status: _____

PREVIOUS EMPLOYMENT:

List the name of every employer (including military service), address, phone # and supervisor's name for the past 10 years from the date of this application; start with the most recent employer (use additional paper if necessary).

Employer _____ Supervisor _____
Address _____ Telephone _____
Reason for leaving _____ Work performed _____
Dates employed (month & year): From _____ To _____
Hourly Rate or Salary: Starting _____ Final _____

Employer _____ Supervisor _____
Address _____ Telephone _____
Reason for leaving _____ Work performed _____
Dates employed (month & year): From _____ To _____
Hourly Rate or Salary: Starting _____ Final _____

Employer _____ Supervisor _____
Address _____ Telephone _____
Reason for leaving _____ Work performed _____
Dates employed (month & year): From _____ To _____
Hourly Rate or Salary: Starting _____ Final _____

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Dates employed (month & year): From _____ To _____
Hourly Rate or Salary: Starting _____ Final _____

Employer _____ Supervisor _____
Address _____ Telephone _____
Reason for leaving _____ Work performed _____
Dates employed (month & year): From _____ To _____
Hourly Rate or Salary: Starting _____ Final _____

Please explain any gaps in your employment history: _____

Summarize any special job-related skills/qualifications, or any other additional pertinent information:

APPLICANT'S STATEMENT:

I certify that facts set forth in my application for employment are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in, or material omissions from, my application or interview(s) may result in discharge. I also understand that I am required to abide by all policies, procedures, rules and regulations of Webber Energy Fuels/Webber Oil Company.

I authorize Webber Energy Fuels/Webber Oil Company to investigate and verify all details provided by or for me in the employment application process, including the verification of: previous employment, licenses, permits and certifications. I further authorize the employers and schools listed to give Webber Energy Fuels/Webber Oil Company any and all information concerning my previous employment and education, and any other pertinent information they may have, personal or otherwise. I release all persons, firms and corporations from liability from any damage which may result from furnishing or obtaining such information.

I understand that, depending upon the position applied for, I will be subject to federal, state and/or Company pre-employment physical and random drug & alcohol testing.

I understand that, depending upon the position applied for, I may be subject to a credit check with proper notification.

I understand that I may be subject to motor vehicle and criminal background checks.

I understand this application shall be considered active for a time period not to exceed 30 days. Any applicant wishing to be considered for employment beyond that time should reapply.

Finally, I understand that employment by Webber Energy Fuels/Webber Oil Company is on an at-will basis and that, if employed, either Webber Energy Fuels or I may terminate my employment at any time, for any reason.

Date _____ Signature _____

WEBBER ENERGY FUELS IS AN EQUAL OPPORTUNITY EMPLOYER

Self Identification Compliance Form

Webber Oil Company is an Equal Opportunity/Affirmative Action employer and complies with all federal and state regulations. Employees are treated during employment and qualified applicants are considered for employment without regard to race, religion, color, sex, age, national origin or ancestry, marital status, parental status, sexual orientation, disability, or status as a veteran.

Webber Oil Company is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Webber Oil Company invites you to voluntarily self-identify your race, ethnicity, disability and veteran status. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Please indicate the categories in which you should be reported.

ETHNICITY (Select One)

- _____ Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- _____ Not Hispanic or Latino

RACE (Select All That Apply)

- _____ American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- _____ Asian. A person having 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.
- _____ Black or African American. A person having origins in any of the black racial groups of Africa.
- _____ Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- _____ White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

VETERAN STATUS (Select All That Apply)

_____ I am not a veteran

_____ I am a veteran

If you are a veteran who served on active duty in the U.S. military, ground, naval or air service and have been discharged or released, please indicate your most recent discharge date (mm/dd/yyyy) as specified on your most recent DD214: _____/_____/_____

If you are a veteran, please select one or more categories below that apply to you:

_____ Disabled Veteran. A Disabled Veteran is: (1) A veteran of the U.S. military, ground, naval or air service 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 (2) Was discharged or released from active duty because of a service-connected disability.

_____ Other Protected Veteran. An Other Protected Veteran is: 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. For a list of officially recognized campaigns, please see <http://www.opm.gov/veterans/html/vgmedal2.asp>

_____ Armed Forces Service Medal Veteran. An Armed Forces Service Medal Veteran is: 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 (61 FR 1209, 3 CFR, 1996 Comp., p.159).

_____ Veteran – Not Included in Above Categories.

Completion of this form is entirely voluntary. If you choose not to complete this form, please indicate and sign below.

_____ I decline to provide the information requested on this form. I understand that providing this information is entirely voluntary and no negative consequences will result from my decision not to provide it.

Signature

Date