

APPLICATION FOR EMPLOYMENT
COX OIL COMPANY, INC.
MAVERICK, INC.

THE CIVIL RIGHTS ACT OF 1964 PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF RACE, COLOR, RELIGION OR NATIONAL ORIGIN. PUBLIC LAW 90-202 PROHIBITS DISCRIMINATION BECAUSE OF AGE. THE LAWS OF SOME STATES PROHIBIT SOME OR ALL OF THE ABOVE MENTIONED TYPE OF DISCRIMINATION.

DATE: ____/____/____

PERSONAL INFORMATION

LAST NAME: _____ FIRST NAME: _____ INITIAL: _____
 DRIVER'S LIC#: _____ STATE: _____ SSN: _____-_____-_____
 PRESENT ADDRESS: _____
 PHONE: _____ HOW MANY YEARS AT THIS ADDRESS? _____

PREVIOUS ADDRESS: _____
 HOW LONG DID YOU LIVE THERE? _____
 HOW DID YOU LEARN OF THIS OPENING? _____

DO YOU WANT TO WORK: _____ FULL TIME _____ PART TIME
 SPECIFY DAYS AND HOURS IF PART-TIME: _____
 HAVE YOU WORKED FOR US BEFORE: _____ IF YES, WHEN, WHERE: _____

IF HIRED, WHAT DATE WILL YOU BE AVAILABLE TO START: ____/____/____
 ARE THERE ANY EXPERIENCES, SKILLS OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY FIT YOU FOR WORK WITH THE COMPANY? _____

DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO GET TO WORK? _____

HOBBIES: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME: _____ IF YES, DESCRIBE IN FULL: _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY
 NAME: _____ PHONE: _____
 RELATIONSHIP: _____ ADDRESS: _____

EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	NAME/ADDRESS OF SCHOOL	YEARS ATT.	GRADUATED (Y/N)
GRAMMAR			
HIGH SCHOOL			
COLLEGE			
POST GRADUATE			
BUSINESS/TRADE			
OTHER			

MILITARY SERVICE RECORD

HAVE YOU SERVED IN THE ARMED FORCES? _____
IF YES, WHAT BRANCH: _____ RANK AT DISCHARGE: _____
DATES OF DUTY: ____/____/____ TO ____/____/____
WHAT WERE YOUR DUTIES (INCLUDE SPECIAL TRAINING AND DUTY STATION): _____

HAVE YOU HAD ANY SCHOOLING UNDER THE G.I. BILL? _____
IF YES, DESCRIBE: _____

PRIOR WORK HISTORY (LIST MOST RECENT FIRST)

NAME AND ADDRESS OF EMPLOYER: _____
SUPERVISOR NAME/TITLE: _____
FROM: ____/____/____ START PAY: _____ TO: ____/____/____ END PAY: _____
DESCRIBE WORK YOU DID: _____

NAME AND ADDRESS OF EMPLOYER: _____
SUPERVISOR NAME/TITLE: _____
FROM: ____/____/____ START PAY: _____ TO: ____/____/____ END PAY: _____
DESCRIBE WORK YOU DID: _____

NAME AND ADDRESS OF EMPLOYER: _____
SUPERVISOR NAME/TITLE: _____
FROM: ____/____/____ START PAY: _____ TO: ____/____/____ END PAY: _____
DESCRIBE WORK YOU DID: _____

MAY WE CONTACT EMPLOYERS LISTED ABOVE _____
IF NO, INDICATE WHICH NOT TO CONTACT: _____

ARE YOU WILLING TO RELOCATE AT SUCH TIME AS ADVANCEMENT MAY REQUIRE: _____

THANK YOU FOR COMPLETING THIS APPLICATION AND FOR YOUR INTEREST IN
EMPLOYMENT WITH US. WE WOULD LIKE TO ASSURE YOU THAT YOUR OPPORTUNITY FOR
EMPLOYMENT WITH THIS COMPANY WILL BE BASED ONLY ON YOUR MERIT AND ON NO OTHER
CONSIDERATION.

APPLICANT'S CERTIFICATION AND AGREEMENT

I UNDERSTAND THAT I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME
WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AND THAT THE COMPANY HAS A
SIMILAR RIGHT.

I HEREBY CERTIFY THAT THE FACTS SET FORTH IN THE ABOVE EMPLOYMENT
APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND
THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED
SUFFICIENT CAUSE FOR DISMISSAL. YOU ARE HEREBY AUTHORIZED TO MAKE ANY
INVESTIGATION OF MY PERSONAL HISTORY AND FINANCIAL AND CREDIT RECORD THROUGH ANY
INVESTIGATIVE OR CREDIT AGENCIES OR BUREAUS OF YOUR CHOICE.*

SIGNATURE OF APPLICANT: _____ DATE: _____

* NOTE:THE PROVISIONS OF THE FAIR CREDIT REPORTING ACT MAY BE APPLICABLE
IF A CREDIT REPORT ON THE APPLICANT IS OBTAINED.