

Application for Employment

• **Please PRINT all information clearly**

| | | | | |
|---------------------------------|--|--|-------------------------------------------------------------------------------------------|--|
| Today's Date Yr. Mo. Day | | | Employment Desired <input type="checkbox"/> Regular <input type="checkbox"/> Temporary | |
|---------------------------------|--|--|-------------------------------------------------------------------------------------------|--|

| | | | | | | |
|-----------------|------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|--------------------------|
| PERSONAL | Name (Last, First, Middle) | | Social Security Number | | Have you attained your 18th birthday? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Permanent Address – Street, City, State | | | | Zip Code | Area Code & Phone Number |
| | Present Address (If different from above) – Street, City, State | | | | Zip Code | Area Code & Phone Number |
| | Give Names, Relationship, Company and Location of Relatives Employed by BP Amoco Corporation or its Subsidiaries | | | | | |
| | Give Dates, Positions and Company Location if You Were Previously Employed by BP Amoco Corporation or its Subsidiaries | | | | | |
| | Field of Work Preferred | | | | | |
| | Position Desired | | | | | |
| | Date Available | | What source referred you to us (i.e., friend, relative, newspaper ad, state job service, college placement office, etc.)? | | | |

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|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|------------------------------|-----------------------------|
| LEGAL | Citizenship: Completion of this section is required for employment consideration. | | | | | |
| | Can you upon employment provide proof that you are either a U.S. citizens or an alien who has the legal right to work in the job for which you are applying? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Notice to former officers (04 and above) or civilian employees (paid at GS 13 or above) of the U.S. Department of Defense: If you fall into either of the categories above, there may be reporting and/or hiring restrictions imposed on BP Amoco by Federal law. If you fit into either category, please put your initials in the box at right. >>>>> | | | | | |

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|---------------|---------------------------------------|--|--------------------------|------|----|
| US MIL | Branch of Military Service | | Dates of Active Service: | From | To |
| | Type of Specialized Training Received | | | | |

| | | | | | | | | |
|---------------------------|-------------------------|--------|----------|--------------|----|-----------------|--------|----------|
| EDUCATION / SKILLS | | School | Location | Date (Mo/Yr) | | Course or Major | Degree | |
| | | | | From | To | | Type | Yr. Rcvd |
| | College or Grad. School | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Pre-College | | | | | | | |

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|-------------------------------------------------------------|--|-------|------------------------------|---------------|------------------|
| Craft/Trade | | | Certification/Licensing Type | | |
| What foreign languages do you speak? | | Read? | | Write? | |
| Foreign countries resided in? | | | | Typing W.P.M. | Dictation W.P.M. |
| Office Equipment Operated (e.g., Wordprocessor, P.C., etc.) | | | | | |

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|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------|---------------------|
| EMPLOYMENT | (List most recent employer first) | | | | |
| | 1 | From: | Employer Name | Starting Salary \$ | Ending Salary \$ |
| | | Month | Year | Address | Position and Duties |
| | | To: | | | |
| | | Month | Year | Name of Supervisor | Telephone Number |
| | Reason for Leaving | | | | |
| | 2 | From: | Employer Name | Starting Salary \$ | Ending Salary \$ |
| | | Month | Year | Address | Position and Duties |
| | | To: | | | |
| | | Month | Year | Name of Supervisor | Telephone Number |
| | Reason for Leaving | | | | |
| | 3 | From: | Employer Name | Starting Salary \$ | Ending Salary \$ |
| Month | | Year | Address | Position and Duties | |
| To: | | | | | |
| Month | | Year | Name of Supervisor | Telephone Number | |
| Reason for Leaving | | | | | |
| Indicate by number any of the above employers whom you do not wish us to contact at this time. | | Also indicate use of any other name, if necessary for verification of education or work history. | | | |
| MISCELLANEOUS | Scholastic Honors, Honorary Societies, Fellowships, Scholarships and Grants | | Percent of College Expense Earned..... % | How earned? | |
| | Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, patents, activities, accomplishments, etc. | | | | |
| | | | | | |
| | Geographical Preference? | | Are you willing to relocate? State limitations. | Are you willing to travel? State limitations. | |
| | Do you have a valid drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Issuing State | Drivers License Number | |
| | Have you ever been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes ▶ | | Details of each felony (What, When, Where and Disposition) | | |
| AGREEMENT | (Please read carefully before signing) | | | | |
| | I hereby certify that the information provided on this application is true and complete to the best of my knowledge and agree that false information or significant omissions may disqualify me from further consideration for employment and may be considered as justification for termination if discovered at a later date. | | | | |
| | I agree that my employment can be terminated at any time for any reason by either BP Amoco or myself and that only an agreement in writing signed by a BP Amoco executive officer can modify this agreement. | | | | |
| | I authorize you to make such investigations and inquiries of my personal, employment, financial and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. I also understand that employment is subject to my: | | | | |
| | <ul style="list-style-type: none"> - undergoing a post-offer job-related physical examination administered by BP Amoco's designated physician - providing a record of birth at time of employment - completing other post-employment records and forms - providing documents which satisfy the requirements of the Immigration Reform & Control Act of 1986. | | | | |
| Signature of Applicant | | | Date | | |