



Marathon Oil Company G

EMPLOYMENT APPLICATION

G Marathon Pipe Line Co.

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_
Last First Middle

Position Desired \_\_\_\_\_ Date Available \_\_\_\_\_

Present Address \_\_\_\_\_ ( ) \_\_\_\_\_
No. Street City State Zip Code Phone

Permanent Address \_\_\_\_\_ ( ) \_\_\_\_\_
No. Street City State Zip Code Phone

Do you have U.S. citizenship or are you eligible under U.S. immigration laws (other than by means of practical training visa) to work for Marathon in the United States in the job for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_ No \_\_\_ If "yes," Driver's License # \_\_\_\_\_ Issuing State \_\_\_\_\_

\*Information supplied on conviction record will not necessarily bar applicant from consideration for employment. Nature of reason for and time elapsed since conviction will be reviewed in light of duties of job being sought.

Have you ever performed services for Marathon, or nay other member of the USX family of companies (e.g., U.S. Steel, Emro Marketing, or Delhi Gas Pipeline) while formally employed by another employer (e.g., as an employer and contractor or with some type of temporary service or outside contractor)? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you previously been employed by Marathon, or any other member of the USX family of companies (e.g., U.S. Steel, Emro Marketing or Delhi Gas Pipeline)? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes," supply information immediately below.

Name of Company(ies) \_\_\_\_\_ Date of Employment - From \_\_\_\_\_ To \_\_\_\_\_
Mo. Yr. Mo. Yr.

EDUCATION

Table with 6 columns: School Type, Name of School, Course of Study, Status, and Grade Point (MAJ, CUM). Rows include High School, Colleges or Universities, and Vocational/Business School or Other.

SPECIALIZED TRAINING OR CERTIFICATION

Business, Trade Schools or Correspondence Courses

Table with 3 columns: Name of School, City and State; Type of Training; Status. Rows for Diploma G Certificate.

Please list any professional certification designations such as Registered Professional Engineer, Certified Public Accountant or Certified Managerial Accountant (include state where you are certified, if appropriate) \_\_\_\_\_

Indicate office machines or other equipment you can operate \_\_\_\_\_

Identify software you have used \_\_\_\_\_

**EMPLOYMENT AND BUSINESS EXPERIENCE**

Starting with the most recent employer, list every job you have held. Give accurate dates of employment and specific reason for leaving each job. Be sure to account for all periods of time. If necessary attach additional sheets of paper.

1. COMPANY NAME AND ADDRESS			JOB TITLE AND DUTIES
PHONE ( )	SUPERVISOR'S NAME AND TITLE		
DATES EMPLOYED (MONTH/YEAR)	ANNUAL SALARY/WAGE	HRS. PER WK.	TYPE OF EQUIPMENT OPERATED (if applicable)
REASON FOR LEAVING			
2. COMPANY NAME AND ADDRESS			JOB TITLE AND DUTIES
PHONE ( )	SUPERVISOR'S NAME AND TITLE		
DATES EMPLOYED (MONTH/YEAR)	ANNUAL SALARY/WAGE	HRS. PER WK.	TYPE OF EQUIPMENT OPERATED (if applicable)
REASON FOR LEAVING			
3. COMPANY NAME AND ADDRESS			JOB TITLE AND DUTIES
PHONE ( )	SUPERVISOR'S NAME AND TITLE		
DATES EMPLOYED (MONTH/YEAR)	ANNUAL SALARY/WAGE	HRS. PER WK.	TYPE OF EQUIPMENT OPERATED (if applicable)
REASON FOR LEAVING			
4. COMPANY NAME AND ADDRESS			JOB TITLE AND DUTIES
PHONE ( )	SUPERVISOR'S NAME AND TITLE		
DATES EMPLOYED (MONTH/YEAR)	ANNUAL SALARY/WAGE	HRS. PER WK.	TYPE OF EQUIPMENT OPERATED (if applicable)
REASON FOR LEAVING			

REFERENCES		
GIVE THE NAMES OF TWO (2) REFERENCES. DO NOT GIVE THE NAMES OF FORMER EMPLOYERS OR RELATIVES.		
NAME	OCCUPATION	BUSINESS PHONE NO.

**AUTHORIZATION**  
READ THE MATERIAL BELOW CAREFULLY BEFORE SIGNING

I agree to take any applicable examination (post-offer) required by law or by Marathon Oil Company (Company) as related to employment. I recognize that any falsification or misrepresentation (including any omissions) made by me in connection with my physical examination and medical history may subject me to discharge any time after discovery. I hereby authorize any medical doctor or hospital to release details of any medical history to the Company. I hereby release any medical doctor or hospital from any and all liability as a result of providing the above-mentioned information. I understand that the results of the medical examination (post-offer) and medical information will be maintained in accordance with applicable law.

I hereby authorize Marathon to conduct any investigation it deems proper regarding my background. Information provided, and the information furnished in my employment application, including, but not limited to, making inquiries of my previous employer(s) and obtaining a consumer credit report concerning such information as to character, general reputation, personal characteristics, and mode of living. I hereby unconditionally release Marathon, and any named or unnamed informants from any and all liability resulting from the furnishing of this information.

I certify that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. I recognize that any falsification or misrepresentation (including omissions) made by me may subject me to discharge any time after discovery. I understand that the information provided may be used and my prior employer(s) may be contacted for the purpose of investigating my background. I hereby authorize you to make such investigation as you deem proper regarding my background, information provided and information furnished in this application. Additionally, I authorize my previous employer(s) to release all records of my employment and other information, including but not limited to assessments of my job performance, to the Company and I release my previous employer(s) from any and all liability of any type as a result of providing these records and information.

Employed, I agree to conform to the employment policies, plans, practices, procedures, rules, and conditions of employment established by the Company. I understand that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I also understand that no manager or representative of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I fully understand and agree to comply with all conditions and provisions outlined above.

Signature \_\_\_\_\_ Date \_\_\_\_\_