

FIND OUT WHY OUR EMPLOYEES SAY

I Got it!



**Come join our team and you can
*GET IT TOO!***

- **\$10.00 per hour** starting pay for Gas Station Cashiers!
- **Medical insurance coverage** for eligible employees
- **Opportunities for advancement**
- **Different work shifts available**
- **Employee Profit-Sharing/401(k) plan** for eligible employees
- **Initial and on-going training**
- **Many stations located throughout Southern California**

We invite you to join our winning team!

Our family-owned company, UNITED OIL, has been in business for over 50 years and operates over 100 gas stations / convenience stores throughout the Southern California area. We are constantly expanding and looking for qualified people to join our already excellent team. Whether you are looking for a temporary job to earn some extra money, or a permanent career where you can advance and help our company grow, working at one of our gas stations, or supervising stations, or working in our offices, may be the perfect place for you!

To get started with the application process, please return your completed Employment Application to the gas station and ask to speak with the Manager. Or, if you prefer, you can **call our Personnel Coordinator directly at 800-429-0702, option 1.** (You can then send her your completed Application by mail, fax, or e-mail.) If our Personnel Coordinator is unavailable when you call, she will get back to you as quickly as possible, generally within 48 business hours.

Thank you for your interest in joining our UNITED OIL TEAM!

APPLICATION FOR EMPLOYMENT CALIFORNIA

Equal Employment Opportunity Policy: We are committed to providing equal employment opportunities to all employees and applicants without regard to race, religion, color, sex, gender identity, sexual orientation, national origin, ancestry, citizenship status, uniform service member status, marital status, pregnancy, age, protected medical condition, disability, and any other protected status in accordance with all applicable federal, state and local laws.

Position Desired: _____ [] Part time [] Full time Date of Application: _____

Name _____
 (Print) Last First Middle
 Present Address _____ How long have you lived there? _____
 Street and Number City State Zip Code Years / Months
 Previous Address _____ How long did you live there? _____
 Street and Number City State Zip Code Years / Months

Home Telephone No. _____ Social Security No. _____

Cell Phone No. _____ Other Phone No. _____

Have you ever used another name? [] Yes [] No Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If yes, please explain:

**We are currently seeking candidates for the following shifts.
 Please check ("X" or "√") for your availability:**

_____ **Graveyard / Night Cashier - HOURS: Approximately 12:00 AM – 9:00 AM**

_____ **Relief Cashier (Afternoon and Night shifts) - HOURS: Approximately 3:00PM – 12:00 AM and also some Graveyard / Night shifts (see Hours above)**

If hired, can you provide satisfactory evidence of your identity & legal authority to work in the United States? [] Yes [] No

Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or felony? [] Yes [] No

If yes, please give date(s) and details: _____

Have you been arrested for any matters for which you are currently out on bail or on your own recognizance pending trial? [] Yes [] No If yes, please give the date(s) and details:

NOTE: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic infractions, and convictions for which the record has been sealed or expunged, any conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, referrals to and participation in any pretrial or post trial diversion programs, and misdemeanor marijuana-related offenses that occurred over two years ago in answering these questions).

Have you ever worked for this Company before? [] No [] Yes >> If yes, what dates? _____

If yes, who was your Supervisor? _____

Did a current employee of our Company refer you to us? [] Yes [] No

If Yes, who?: _____ His/her position: _____ Location: _____

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present and all previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including any period of unemployment. If self-employed, give firm name and supply business references. [Add additional page if necessary]

<u>Current</u> Name of Current Employer _____ Telephone Number _____ Street Address _____ City, State, Zip Code _____	<u>Employed</u> From (mo/yr) _____ To (mo/yr) _____	<u>Pay</u> \$ _____ Start \$ _____ Final	<u>Your Title or Position</u> _____ Name and Title of <u>Last Supervisor</u> _____ _____	<u>Exact Reason for Leaving</u> _____ _____
Name of Previous Employer _____ Telephone Number _____ Street Address _____ City, State, Zip Code _____	<u>Employed</u> From (mo/yr) _____ To (mo/yr) _____	<u>Pay</u> \$ _____ Start \$ _____ Final	<u>Your Title or Position</u> _____ Name and Title of <u>Last Supervisor</u> _____ _____	<u>Exact Reason for Leaving</u> _____ _____
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Have you ever been terminated or asked to resign from any job? [] Yes [] No

If yes, please explain the circumstances:

Please explain fully any gaps in your employment history:

May we contact your current employer? [] Yes [] No. If No, please explain:

EDUCATION

School Name	Years Completed (Circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
Elementary:	4 5 6 7 8			
High School:	9 10 11 12			
College/University:	1 2 3 4			
Graduate/Professional:	1 2 3 4			
Trade or Correspondence School:				
Other:				

PERSONAL REFERENCES

Please list persons who know you well (**not** previous employers if already identified above; **no** relatives). You can include references such as current or past co-workers, business associates, educational advisors, etc.

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

If hired, can you furnish proof that you are over 18 years of age? Yes No

If hired, can you furnish proof that you are over 21 years of age? Yes No

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? Yes No

Do you have reliable transportation to and from work? Yes No

Do you have reliable transportation to and from work? Yes No

Please indicate any actual experience, special training, and/or qualifications that you have which you feel are relevant to the position for which you are applying:

NO SMOKING POLICY: Smoking or carrying a lit cigarette, cigar, pipe, etc., is not permitted anywhere on Company property or in a Company vehicle at any time. In addition, smoking or carrying a lit cigarette, cigar, pipe, etc., is not permitted at any time within twenty-five (25) feet of a cargo tank of a fuel truck, a fuel pump, or where loading or unloading of fuel takes place. **Do you agree to abide by this policy?** Yes No

QUICK QUIZ – RETAIL DIVISION ONLY:

1. Are you willing to personally greet our customers? Yes No
2. Do you enjoy a fast-paced work environment? Yes No
3. Do you AGREE to wear a Company uniform? Yes No
4. Do you AGREE to sell the following items? Alcoholic Beverages Yes No Adult Magazines Yes No
Cigarettes and other Tobacco Products Yes No Cigarette Rolling Papers Yes No
5. Do you AGREE to perform the following job duties?
Sweeping/mopping floors Yes No Stocking/cleaning shelves and/or coolers Yes No
Picking up trash/debris inside/outside of the store Yes No Emptying trash cans Yes No
Washing/cleaning the gasoline dispensers/islands Yes No
Perform other job duties and tasks as directed by a manager/supervisor? Yes No
6. Are you willing and able to work alone? Yes No
7. Are you willing and able to work nights, weekends, and holidays as needed? Yes No
8. How much computer experience do you have? None A Little Average Experienced

NOTICE #1 TO APPLICANTS: Before we can provide you with a start date to begin work for our Company, you must provide the Company with your own, valid social security number. All social security numbers will be verified by the Company, and employees who have provided a false or inaccurate name or number are subject to dismissal.

NOTICE #2 TO APPLICANTS: Submitting false, inaccurate, or misleading information on this application or on any other document you submit in connection with your application for employment shall be grounds for refusal to hire you, and shall also be grounds for your dismissal, regardless of when the Company first learns that false, inaccurate, or misleading information was submitted.

**Please review your completed Employment Application for accuracy.
If you believe you have made an error or omitted any information, then
please correct the Application before you submit it to us.**

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE. In the event of employment, I understand that false, inaccurate, or misleading information given in my application(s) or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

Date

Signature of Applicant

APPLICANT'S STATEMENT & AGREEMENT

In the event of my employment to a position in this Company, I will comply with all rules and regulations of this Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to the Company. I also understand that I may be required to take other tests such as personality and honesty tests, prior to and during my employment. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I further understand that the Company may obtain Public Records about me as part of a background investigation and that I may waive my right to receive a copy of such Public Records. I agree to WAIVE my right to receive such copies, UNLESS I initial the box to the right. []

I further understand that the Company may contact my previous employers. I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding me.

I hereby state that all the information that I have provided on this application, and any other documents completed in connection with my employment, and in any interview, is true and accurate. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any information provided to the Company is found to be false or incomplete in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard. I also understand that it is the business practice of the Company to require me to disclose my actual identity and a valid social security number, which the Company will confirm with the Social Security Administration as a condition of employment.

I further agree and acknowledge that the Company and I will utilize binding arbitration to resolve all disputes that may arise out of the employment context. Both the Company and I agree that any claim, dispute, and/or controversy that either I may have against the Company (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) or the Company may have against me, arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Company shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in conformity with the procedures of the California Arbitration Act (Cal. Code Civ. Proc. Sec. 1280 et seq., including section 1283.05 and all of the Act's other mandatory and permissive rights to discovery). Included within the scope of this Agreement are all disputes, whether based on tort, contract, statute (including, but not limited to, any claims of discrimination and harassment, whether they be based on the California Fair Employment and Housing Act, Title VII of the Civil Rights Act of 1964, as amended, or any other state or federal law or regulation), equitable law, or otherwise, with exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the California Workers' Compensation Act, Employment Development Department claims, or as otherwise required by state or federal law. However, nothing herein shall prevent me from filing and pursuing proceedings before the California Department of Fair Employment and Housing, or the United States Equal Employment Opportunity Commission (although if I choose to pursue a claim following the exhaustion of such administrative remedies, that claim would be subject to the provisions of this Agreement). Further, this Agreement shall not prevent either me or the Company from obtaining provisional remedies to the extent permitted by Code of Civil Procedure Section 1281.8 either before the commencement of or during the arbitration process. In addition to any other requirements imposed by law, the arbitrator selected shall be a retired California Superior Court Judge, or otherwise qualified individual to whom the parties mutually agree, and shall be subject to disqualification on the same grounds as would apply to a judge of such court. All rules of pleading (including the right of demurrer), all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgment, judgment on the pleadings, and judgment under Code of Civil Procedure Section 631.8 shall apply and be observed. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged in accordance with Cal. Civil Code Section 47(b). As reasonably required to allow full use and benefit of this agreement's modifications to the Act's procedures, the arbitrator shall extend the times set by the Act for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion. I understand and agree to this binding arbitration provision, and both I and the Company give up our right to trial by jury of any claim I or the Company may have against each other.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by either the Company (employer) or me at any time and for any reason whatsoever, with or without good cause.

This is the entire agreement between the Company and me regarding dispute resolution, the length of my employment, and the reasons for termination of employment, and this agreement supersedes any and all prior agreements regarding these issues. It is further agreed and understood that any agreement contrary to the foregoing must be entered into, in writing, by myself and the President of the Company. No supervisor or representative of the Company, other than its President, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing. Oral representations made before or after you are hired do not alter this Agreement. If any term or provision, or portion of this Agreement, is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK A COMPANY REPRESENTATIVE BEFORE SIGNING. I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND THE SAME.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT.

Date

Signature of Applicant