BIG D OIL CO.

3685 Sturgis Road, Suite 100 P.O. Box 1378 Rapid City, SD 57709-1378 Phone (605) 342-6777 Fax (605) 342-4873

EMPLOYMENT APPLICATION INSTRUCTIONS:

- 1. Please completely and accurately fill out all application pages.
- 2. If you need more space please use an additional sheet of paper.
- 3. If you have a resume' please attach it to the application, but do not submit a resume' in place of the application.
- 4. Please read and sign the job requirements listed on the back page.

APPLICATION FOR EMPLOYMENT THIS APPLICATION IS GOOD FOR 60 DAYS

FEDERAL LAW OBLIGATES US TO PROVIDE REASONABLE ACCOMMODATION TO THE KNOWN DISABILITIES OF APPLICANTS AND EMPLOYEES, UNLESS TO DO SO WOULD POSE AN INDUE HARDSHIP. PLEASE FEEL FREE TO LET US KNOW IF YOU NEED AN ACCOMMODATION TO COMPLETE THE APPLICATION PROCESS OR TO PERFORM ANY ESSENTIAL ELEMENTS OF THE POSITION SOUGHT.

Applicants are considered for all positions, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, disability or any other prohibited basis of discrimination, as provided under applicable state and federal law.

PLEASE PRINT	
Date of Application: Position	on(s) Applied for:
	Walk-InEmployment AgencyOther
Name	
Address	
Previous Address	
Telephone	Social Security Number
For reference checking purposes, if you have been kno	wn by another name, please list it here:
Have you filled an application here before?	YesNo If yes, give date:
Have you ever been employed here before?	YesNo If yes, give date:
Are you employed now?	<pre>/esNo May we contact your present employer?YesNo</pre>
Are you 18 years of age or older?	YesNo
Are you prevented from lawfully becoming employed in	this country?YesNo
with the Immigration Reform and Control Act of	sufficient to establish employment authorization and identity in compliance 1986. While you need not provide this proof of citizenship or immigration prepared to assure us that you can do so immediately upon being hired.
On what date would you be able for work?	Expected pay rate:
Are you available to work:Full TimePart-Time	Shift WorkTemporaryOn-Call
What days? S M T W T F S	What hours?
Are you on lay-off and subject to recall?	YesNo
Have you ever been bonded?	YesNo
If yes, list jobs for which you were bonded:	
Have you been convicted of a felony?YesNo (Co	onviction will not necessarily disqualify applicant from employment.
The recency, severity, and pertinence of the conviction	to the job will be considered.)
If yes, please explain:	

Have you ever had any job-related training in the United States military? ___Yes ___No If yes, please describe:

List professional, trade, business, or civic activities and offices held. (You may exclude those which indicate race, color, disability, religion, sex or national origin):

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

EDUCATION

Please list education or specialized experience which relates to position(s) for which you are applying. Exclude names or terms which indicate, for example, race, color, religion, age, sex, disability or national origin.

School Name and Location	Elementary		High School			Under graduate				Graduate/Professional								
										Colleg	je/Un	iver	sity					
Years completed (Circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1		2	3	4
Diploma/Degree																		
Describe Course of Study																		
Describe Specialized Training,	Na	me																
Apprenticeship, Skills and	Location:																	
Extra-Curricular Activities	Length of course:																	
	Was Course Completed:																	
	Subject:																	
	General:																	

Honors received: _

Special skills and qualifications, including those acquired from employers or other experience:

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate, for example, race, color, religion, sex, disability, or national origin.

Employer	Date Employed		Work Performed
Address	From	То	
Telephone			
Job Title	Hourly R	late/Salary	
	Starting	Final	
Supervisor			
Reason for Leaving			

Employer	Date Employed		Work Performed				
Address	From	То					
Telephone							
Job Title	Hourly F	Rate/Salary					
	Starting	Final					
Supervisor							
Reason for Leaving							
Employer	Date E	Employed	Work Performed				
Address	From	То	-				
Telephone		1					
Job Title	Hourly F	Rate/Salary					
	Starting	Final					
Supervisor	•						
Reason for Leaving							
Employer	Date E	Employed	Work Performed				
Address	From	То	-				
Telephone			-				
Job Title	Hourly F	Rate/Salary					
	Starting	Final					
Supervisor			-				
Reason for Leaving							
	1						
Employer	Date E	Employed	Work Performed				
Employer Address	Date E From	Employed To	Work Performed				
Address		1	Work Performed				
	From	То	Work Performed				
Address Telephone	From Hourly F	1	Work Performed				
Address Telephone	From	To Rate/Salary	Work Performed				
Address Telephone Job Title	From Hourly F	To Rate/Salary	Work Performed				
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If you need additional space, please continue on a separate sheet of paper.

Have you ever been discharged from a job? ____Yes ___No __If yes, please explain why: _____

Summarize special job-related skills and qualifications acquired from employment or other experience.

The attached job description lists specific job duties for the position for which you are applying. Can you perform the listed duties with or without accommodation? ____Yes ___No

APPLICANT'S STATEMENT

These answers are true and complete to the best of my knowledge. The Company may investigate all statements contained in this application, and I understand that any false or misleading information provided during the application or interview process will result in my immediate discharge if I am hired, regardless of when discovered. I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND THE COMPANY IS TERMINABLE-AT-WILL SO THAT BOTH THE COMPANY AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY LAWFUL REASON OR NO REASON. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING.

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the Company, to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required depending upon Company policy. I authorize the Company to make a thorough investigation of my past employment, education and job-related activities and I release from all liability all persons, companies, and corporations providing such information, either in writing or orally. I also indemnify this Company against any liability which might result from making such investigation.

Additionally, I authorize the Company to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest that the Company deems appropriate.

Signature of Applicant