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**H2 PLAINS** LLC

P.O. Box 346

Ness City, KS 67560

WICHITA  
CORPORATE OFFICE

Hartman oil co., inc

**APPLICATION FOR EMPLOYMENT**

**Please read before filling out this application.**

This employer does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, ancestry, age, or disability. Qualified disabled individuals will be given reasonable accommodation for employment and advancement unless such an accommodation would impose an undue hardship on the conduct of

the employer's business. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

In processing this employment application, the corporation or any of its affiliates and subsidiaries may request that an investigative consumer report be prepared; which may include information as to your character, general reputation, police record, personal characteristics and mode of living as provided by the Fair Credit Reporting Act of 1970. You have the right to request that the company completely and accurately disclose to you the nature and scope of the

investigation requested. Such a request must be made in writing to the Human Resources Department of this company within a reasonable time after you complete this application. Should employment be denied as a direct result of information contained in such an investigative consumer report, you will be advised as to the name and address of the consumer reporting agency supplying the report and you should contact such agency for any further information you desire.

I authorize and direct **H2 Plains, LLC**, or any of its affiliates and subsidiaries to make whatever inquiries it deems necessary or desirable, and to contact consumer reporting agencies or other persons, and to secure consumer reports or investigate consumer reports in connection with my application for employment. I further

authorize and direct any person or consumer reporting agency to participate in and make such inquiries at the request of such corporation or its affiliates and subsidiaries, and to compile and furnish any information it may have or obtain in response to such inquiries.

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

**Please answer every question. Use ink. Please print.**

Name _____			Social Security No. _____ (Please check your card for correct number)
First	Middle Initial	Last	Date: _____
Address _____			Business Number: _____
City _____ State _____ Zip Code _____			Home Number: _____
			Length of Time _____ at this Address: _____

From here on, please write or print in your normal style (manner). If you would like to request a reasonable accommodation to complete this form, please contact a Human Resources Representative.

Name	Address City State	Major Course or Subject	Circle last year completed	If graduated month & year	GPA/ Degree
High School or Preparatory			1 2 3 4		
Business School			1 2 3 4		
College			1 2 3 4		
Graduate Work			1 2 3 4		

Type of work desire \_\_\_\_\_ Salary requirements \_\_\_\_\_

How were you referred to us? \_\_\_\_\_ Date available for work \_\_\_\_\_

Are you over 17 years of age? Yes ( ) No ( )

Are you a United States citizen? Yes ( ) No ( )

If no, are you legally authorized by the U.S. Secretary of Labor to work in this country? Yes ( ) No ( )

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**Education**

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Have you been employed here previously? Yes ( ) No ( )

Have you ever applied here before? Yes ( ) No ( )

Have you ever been convicted of a criminal offense involving dishonesty or breach of trust (including but not limited to robbery, embezzlement shop-lifting, forgery, perjury, tax evasion, etc.)? Yes ( ) No ( )

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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**Employment Record**

Starting with present or most recent, list all previous employers. Include self-employment, summer and part-time jobs. If you worked under a name other than shown on the front of this application, please inform the interviewer as to what name this corporation should use when making previous employment verification inquiries. Please see resume.

Name and Address of Former Employer	Dates Employed	Positions & Duties	Salary		Please explain why you left your former position (optional)
			Starting	Leaving	
Company Name	From Mo & Yr To Mo & Yr		Starting	Leaving	
Immediate Supervisor					
Address Tele.					
City and State Zip					
Company Name	From Mo & Yr To Mo & Yr		Starting	Leaving	
Immediate Supervisor					
Address Tele.					
City and State Zip					
Company Name	From Mo & Yr To Mo & Yr		Starting	Leaving	
Immediate Supervisor					
Address Tele.					
City and State Zip					

If presently employed, why do you desire to change your position? \_\_\_\_\_

If you are now employed, may we contact your present employer? Yes ( ) No( )

**Please read before signing. If you have any questions or concerns regarding any of these statements, please express them to the employment interviewer before signing.**

Contingent upon my employment with **H2 Plains, LLC**, I understand that following an offer for employment, that such employment is conditioned upon a favorable health evaluation administered uniformly to all applicants for this job. Such health evaluation may include a physical examination and/or completion of a health evaluation form, to which I hereby consent. The results of the tests will remain confidential with limited, but necessary exceptions.

I understand that in the absence of a written agreement to the contrary my status, if employed, will be that of an employee at will, with no contractual rights, expressed or implied. In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause, with or without notice, at any time, at the option of either the employer or myself.

I am aware that The Immigration Reform and Control Act of 1986 provides that employers must verify, on a form provided by the Attorney General, that anyone hired is not an "unauthorized alien." As a condition of employment, I agree to supply whatever documentation may be required to establish my citizenship or verify that I am authorized by the Secretary of Labor to work in this country.

I hereby acknowledge that I have read the above statements and understand the same. I certify that all statements made by me on this application are true and complete to the best of my knowledge. My answers to optional disclosures were given voluntarily, and I understand that the corporation will not use those answers to discriminate against me.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_