

**APPLICATION FOR EMPLOYMENT**

Equal access to programs, services, and employment are available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

**COYNE OIL CORPORATION**  
914 West Pickard Street  
Mt. Pleasant, Michigan 48858

**Date of Application**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTICE TO APPLICANTS AND EMPLOYEES:** Screening tests for illegal drug use may be required before hiring and during your employment here.

**Applicant ID#**

\_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name/Initial

\_\_\_\_\_  
Home Street Address City State Zip Code

( ) ( )  
Telephone # Cellular/Other # E-Mail Address

\_\_\_\_\_  
Position Applied For Referral Source (how did you hear about us?)

\_\_\_\_\_  
Driver License No. Expiration Date Licensing State

Type of Employment Desired:  Full-Time  Part-Time  Temporary  Seasonal  Educational Co-Op

Date Available for Work: \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \$\_\_\_\_\_

Yes  No If you are under 18 and it is required, can you furnish a work permit?  
If no, please explain: \_\_\_\_\_

Yes  No Have you ever been employed here before?  
If yes, give dates and positions held: \_\_\_\_\_

Yes  No Is this application a request for re-employment following an extended military leave of absence from this company?  
If yes, additional information may be requested.

Yes  No Are you legally eligible for employment in this country?

Yes  No Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)? This question is not designed to elicit information about an applicant's disability. *Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.*  Need more information about the job's "essential functions" to respond.

Yes  No Have you ever pleaded "guilty" or "no contest" to, or been convicted of a crime? *Answering "yes" to either part of this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.*  
If yes, please provide details: \_\_\_\_\_

**SKILLS AND QUALIFICATIONS:** Summarize any special training skills, licenses and/or certificates that may assist you in performing the position for which you are applying:  
\_\_\_\_\_  
\_\_\_\_\_

**COMPUTER SKILLS:** Check all appropriate boxes. Include software titles and years of experience.

Word Processing: \_\_\_\_\_  
Software/Versions \_\_\_\_\_ Years of Experience \_\_\_\_\_

Spreadsheet: \_\_\_\_\_  
Software/Versions \_\_\_\_\_ Years of Experience \_\_\_\_\_

Presentation: \_\_\_\_\_  
Software/Versions \_\_\_\_\_ Years of Experience \_\_\_\_\_

E-Mail/Internet: \_\_\_\_\_  
Software/Versions \_\_\_\_\_ Years of Experience \_\_\_\_\_

Other: \_\_\_\_\_  
Software/Versions \_\_\_\_\_ Years of Experience \_\_\_\_\_

**EDUCATIONAL BACKGROUND:** Starting with your most recent employment, provide the following information:

School (include city and state)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Other <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Other <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Other <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____		

**SOCIAL SECURITY NUMBER:** We will use this information for employment purposes only and make reasonable efforts to safeguard your privacy.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**EMPLOYMENT HISTORY:** Starting with your most recent employment, provide the following information:

---

(      )

---

Employer Name	Immediate Supervisor and title (for most recent position)	Telephone Number
Address	City	State
		Zip Code
Starting Job Title/First Job Title	Why did you leave	
Summarize the type of work performed and job responsibilities	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary
Starting Compensation	Commission/Bonus/Other Compensation	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary
\$	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary
Final Compensation	Commission/Bonus/Other Compensation	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	May we contact this employer for reference?	

---

---

(      )

---

Employer Name	Immediate Supervisor and title (for most recent position)	Telephone Number
Address	City	State
		Zip Code
Starting Job Title/First Job Title	Why did you leave	
Summarize the type of work performed and job responsibilities	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary
Starting Compensation	Commission/Bonus/Other Compensation	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary
\$	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary
Final Compensation	Commission/Bonus/Other Compensation	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	May we contact this employer for reference?	

---

---

(      )

---

Employer Name	Immediate Supervisor and title (for most recent position)	Telephone Number
Address	City	State
		Zip Code
Starting Job Title/First Job Title	Why did you leave	
Summarize the type of work performed and job responsibilities	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary
Starting Compensation	Commission/Bonus/Other Compensation	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary
\$	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary
Final Compensation	Commission/Bonus/Other Compensation	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	May we contact this employer for reference?	

**REFERENCES:** List names and telephone numbers of three business/work references who are *not* related to you and are not previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name and Title	Relationship to You	Telephone	E-Mail	Years Known
1.		( )		
2.		( )		
3.		( )		

**APPLICANT STATEMENT AND AGREEMENT NOT TO COMPETE**

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives for seeking, gathering, and using truthful and non-defamatory information in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to re-apply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause, and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause, and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer’s president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable, federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer’s service, whenever it is discovered.

Effective as of the date of employment, and continuing for the period of sixty (60) months after employment has been terminated for any reason, applicant agrees not to directly or indirectly compete with the employer or directly or indirectly act as an independent contractor, consultant, advisor, investor, partner, member, proprietor, shareholder, or agent of any business or entity which competes with employer. For purposes of this Agreement, to “*compete with employer*” shall mean any of the following:

- (i) To distribute petroleum products or propane within a 50-mile radius of any of employer’s bulk plants (the “Covered Area”) or distribute any of the petroleum products or propane to third parties who deliver to customers of employer;
- (ii) To contact or solicit any accounts, customers, or other business contacts of employer for the purpose of providing, or attempting to provide petroleum products or propane in the Covered Area;
- (iii) To solicit any employees of employer or any other company owned by employer for employment with applicant or any person or entity affiliated with applicant;
- (iv) To disclose to any person or entity, any proprietary information concerning employer not generally known in the business community, including, but not limited to, information concerning employer’s customer list, price lists, sales records, or any other material business records;
- (v) To engage in any activity which disparages employer in its operation of petroleum product or propane sales or distribution business in the Covered Area.

Applicant agrees that any violation of the terms of this agreement will cause irreparable harm to employer. If employer brings legal action to prevent applicant from violating this agreement, applicant agrees that employer’s remedies may include the entry of a Court Order enjoining further violation of this agreement. The equitable relief referenced under this agreement shall not prejudice employer’s right to pursue other legal remedies. Applicant further agrees that a Court may award reasonable attorney’s fees and costs to employer if it is the prevailing party in a legal action brought to enforce the terms of this agreement.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT AND AGREEMENT NOT TO COMPETE:** I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date Signed