



an EQUAL OPPORTUNITY EMPLOYER

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation for the application and/or interview process should notify Human Resources.

APPLICATION FOR EMPLOYMENT with:

- Shawley's Superior LP Gas So-Fine, Inc. Shawley's Inc./Bloom Oil Shawley's Hardware, Inc.

All references to "Shawley's" or the "Company" in this application refer to the following Shawley's companies:

Please Print

LAST NAME FIRST NAME MIDDLE NAME POSITION APPLYING FOR

HAVE YOU EVER BEEN IDENTIFIED BY ANY OTHER NAME? IF SO, PLEASE LIST: (For example: Your Maiden Name)

PRESENT ADDRESS: STREET CITY STATE ZIP CODE COUNTY

How long at this address? Years Months Social Security Nbr: - -

CONTACT TELEPHONE NUMBER BEST TIME TO CALL ALTERNATE CONTACT NUMBER BEST TIME TO CALL

E-MAIL ADDRESS TYPE OF EMPLOYMENT DESIRED ARE YOU EMPLOYED NOW?

HAVE YOU EVER BEEN EMPLOYED BY SHAWLEY'S? CAN YOU Work overtime? Relocate? Travel?

DATE AVAILABLE TO START WORK EXPECTED SALARY

DO YOU HAVE ANY RELATIVES WHO ARE CURRENT EMPLOYEES OF THE COMPANY? IF YES, LIST NAME(S) & RELATIONSHIP(S):

ARE YOU 18 YEARS OF AGE OR OLDER? If "No", can you provide a valid work permit?

ARE YOU CURRENTLY AUTHORIZED TO WORK IN THE UNITED STATES? Proof of eligibility will be required if employment is offered..

HAVE YOU EVER PLED "GUILTY" OR "NO CONTEST" TO, OR BEEN CONVICTED OF A MISDEMEANOR OR FELONY? DETAILS (if necessary, continue on last page):

REFERRAL SOURCE Employee* Website Walk in Newspaper Advertisement* Internet Advertisement* Employment Agency* Other* Name of Source :

EDUCATION

NAME AND LOCATION OF HIGH SCHOOL GRADUATED? GED?

Table with 5 columns: NAME OF COLLEGE / TRADE OR BUSINESS SCHOOL, LOCATION (City,State), MAJOR/EMPHASIS, DEGREE or CERTIF. EARNED, CREDIT HOURS COMPLETED*

*INSERT THE NUMBER OF COLLEGE CREDIT HOURS COMPLETED IF NO DEGREE OR CERTIFICATE WAS OBTAINED.

LIST SCHOOL HONORS, SCHOLARSHIPS, AND EXTRA CURRICULAR ACTIVITIES (OPTIONAL) Do not need to include those that identify your race, religion, national origin, sex, age, sexual orientation, marital status, disability or union affiliation

LIST EQUIPMENT & SOFTWARE EXPERTISE/PROFICIENCY LIST PROFESSIONAL CERTIFICATES, LICENSES, OR BUSINESS ASSOCIATIONS:

EMPLOYMENT HISTORY

Please provide your full employment history. *If greater than 10 years of history, you must include a minimum of 10 years.*

If there is not enough space, list additional employment details on a separate page.

* List employers starting from the most recent.

* For any unemployed or self-employed periods, show dates and locations.

* All information, including salary history, must be completed. Please insert "n/a" in any block that is not applicable.

* A resume will not be accepted in lieu of completion of all, or any part of this form. Consequently, please do not insert "See Resume" in any section below. Applicants wishing to submit a resume may do so, in addition to this employment application.

Are you under a technical contract or employment restriction with a former employer? NO YES - IF YES, WITH WHOM?

NAME OF EMPLOYER		COMPLETE ADDRESS (include Street/City/State/Zip)		AREA CODE / TELEPHONE
IS THIS EMPLOYER IN THE PROPANE SERVICES INDUSTRY?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
STARTING DATE		STARTING SALARY	COMMISSION/BONUS/OTHER COMP.	STARTING POSITION
		\$ <input type="checkbox"/> HOUR <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR	\$ PER	
ENDING DATE		PRESENT/ENDING SALARY	COMMISSION/BONUS/OTHER COMP.	PRESENT/ENDING POSITION
		\$ <input type="checkbox"/> HOUR <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR	\$ PER	
NAME & TITLE OF SUPERVISOR (for last position held)		REASON FOR LEAVING OR DESIRING TO LEAVE		
Were you subject to Federal Motor Carrier Safety Regulations while employed by this employer? ___Yes ___No				
Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing? ___Yes ___No				

BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES				
NAME OF EMPLOYER		COMPLETE ADDRESS (include Street/City/State/Zip)		AREA CODE / TELEPHONE
IS THIS EMPLOYER IN THE PROPANE SERVICES INDUSTRY?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
STARTING DATE		STARTING SALARY	COMMISSION/BONUS/OTHER COMP.	STARTING POSITION
		\$ <input type="checkbox"/> HOUR <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR	\$ PER	
ENDING DATE		ENDING SALARY	COMMISSION/BONUS/OTHER COMP.	ENDING POSITION
		\$ <input type="checkbox"/> HOUR <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR	\$ PER	
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BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES				
NAME OF EMPLOYER		COMPLETE ADDRESS (include Street/City/State/Zip)		AREA CODE / TELEPHONE
IS THIS EMPLOYER IN THE PROPANE SERVICES INDUSTRY?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
STARTING DATE		STARTING SALARY	COMMISSION/BONUS/OTHER COMP.	STARTING POSITION
		\$ <input type="checkbox"/> HOUR <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR	\$ PER	
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BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES				
NAME OF EMPLOYER		COMPLETE ADDRESS (include Street/City/State/Zip)		AREA CODE / TELEPHONE
IS THIS EMPLOYER IN THE PROPANE SERVICES INDUSTRY?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
STARTING DATE		STARTING SALARY	COMMISSION/BONUS/OTHER COMP.	STARTING POSITION
		\$ <input type="checkbox"/> HOUR <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR	\$ PER	
ENDING DATE		ENDING SALARY	COMMISSION/BONUS/OTHER COMP.	ENDING POSITION
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Were you subject to Federal Motor Carrier Safety Regulations while employed by this employer? ___Yes ___No				
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BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES				
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BUSINESS-RELATED REFERENCES

List two business-related references that the Company may contact, such as former or present co-workers or supervisors. Do not list relatives or supervisors that you listed under the Employment History section. Please provide complete names, addresses, and telephone numbers to facilitate our contact with these references.

<hr/>	Business Relationship
Address	Home Phone (include area code)
City State Zip Code	Daytime Phone (include area code)

<hr/>	Business Relationship
Address	Home Phone (include area code)
City State Zip Code	Daytime Phone (include area code)

AGREEMENT AND RELEASE

If hired, I agree to abide by all of the Company's rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or me. I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company shall have the maximum discretion permitted by law, to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company has the authority to enter into any agreement for employment for any specified period of time, or to make any change in any policy, procedure, benefit or other term or condition of employment, other than in a document signed by the President and Chief Executive Officer, or to make any agreement contrary to the foregoing.

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on, the Company. I understand the decision of conflict of interest rests with the Company. If employed, I agree to hold in strictest confidence, all information concerning the Company, its Insureds, and its Agents which may come to my knowledge. I understand that completion of this Application For Employment does not guarantee that I will be employed by this Company.

I hereby affirm that all information I have provided in order to apply for and secure work with the Company is complete, true and correct to the best of my knowledge. **By my signature below, I grant permission to the Company to verify all information that has been requested by the Company in this Application for Employment, and to obtain reference and prior pay history information.** I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that the Company may require the successful completion of a drug/alcohol test and/or an acceptable criminal, credit, and/or motor vehicle report as a condition of employment. By submitting this Application for Employment, I hereby consent to such tests or background checks, at the Company's discretion. I understand that any misrepresentation, deception, or false statement made in this Employment Application, may result in my not being considered for employment, and if not discovered by the Company until after my becoming employed, is grounds for, and may result in, my immediate termination from employment.

I understand that this application remains current for only 30 days, or until the position for which I have applied has been filled or the Company makes the decision not to fill the position, whichever is sooner. At the conclusion of that time, if I have not heard from the Company and still wish to be considered for employment, it will be necessary for me to reapply by completing a new application.

I understand all offers of employment are conditional upon satisfactory reference and background checks, drug/alcohol test, successful completion of a preplacement health evaluation, and/or work performance assessment, if required. I understand if hired I must produce documents required by law (form DHS I-9) to verify my identity and work authorization; and that I must complete the Company's standard employee agreements including but not limited to Employee Handbook. If an employment offer is extended to me and accepted, I understand that I must fully adhere to the policies, rules and regulations of employment of the Company. However, I further understand that neither the policies, rules, regulations, employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered, is for an indefinite duration and is at will, and that either I or the Company may terminate my employment at any time, with or without notice or cause.

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL TERMS OF THE FOREGOING AGREEMENT AND RELEASE.

Signature _____

Date _____

The policy of Shawley's and its subsidiaries is to provide equal opportunity to all persons without regard to race, color, sex, religion, sexual preference, national origin, age, Vietnam era/disabled veteran status, disability, or other bases prohibited by applicable law. The policies of Shawley's prohibit harassment of applicants or employees related to these bases.

