



# APPLICATION FOR EMPLOYMENT

- ARGUNDEGUI MANAGEMENT CO., LLC.
- ARGUNDEGUI OIL CO. II, LTD.
- FLEET FUELING SYSTEMS, LTD.
- ARGUNDEGUI REAL ESTATE, LTD.
- AOC CALTON, LTD.
- QUANTUM AERONAUTICS, LLC.

6551 STAR CT, LAREDO, TEXAS 78041

TEL: (956) 722-5251 FAX: (956) 727-7636 WWW.ARGPETRO.COM

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, SEXUAL ORIENTATION, OR ANY OTHER LEGALLY PROTECTED STATUS

## PERSONAL INFORMATION

DATE: \_\_\_\_\_

LAST NAME  FIRST NAME  SOCIAL SECURITY No.

PRESENT ADDRESS  APT. No.  CITY  STATE  ZIP

PERMANENT ADDRESS  APT. No.  CITY  STATE  ZIP

ARE YOU 18 YEARS OR OLDER?  YES  NO IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK?  YES  NO PHONE

## DESIRED EMPLOYMENT

POSITION  DATE YOU CAN START  SALARY REQUIRED

ARE YOU EMPLOYED NOW?  YES  NO IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?  YES  NO ARE YOU AVAILABLE TO WORK:  FULL TIME  PART TIME  SHIFT WORK  TEMPORARY

EVER APPLIED TO THIS COMPANY BEFORE?  YES  NO WHERE?  WHEN?

EVER WORKED FOR THIS COMPANY BEFORE?  YES  NO WHERE?  WHEN?

REASON FOR LEAVING

NAME OF LAST SUPERVISOR AT THIS COMPANY

WHO REFERRED YOU TO THIS COMPANY  EMPLOYMENT AGENCY  FRIEND  COLLEGE PLACEMENT SERVICES  
 NEWSPAPER ADVERTISING  WALK IN  INTERNET AD  OTHER

DO YOU HAVE DEPENDABLE MEANS OF TRANSPORTATION TO AND FROM WORK?  YES  NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?  YES  NO ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL?  YES  NO

PROOF OF CITIZENSHIP OR IMMIGRATION WILL BE REQUIRED UPON EMPLOYMENT.  YES  NO

## EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	No. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HIGH SCHOOL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
UNDERGRADUATE COLLEGE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL (OTHER)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**GENERAL:** STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION SUMMARIZED SPECIAL JOB-RELATED SKILLS & QUALIFICATIONS FROM EMPLOYMENT OR OTHER EXPERIENCE

SUBJECT OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL TRAINING

SPECIAL SKILLS

LAST

FIRST

MIDDLE

**FORMER EMPLOYERS:**

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST. INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES. YOU MAY EXCLUDE ORAGNIZATIONS WHICH MAY INDICATE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITES OR OTHER PROTECTED STATUS.

NAME OF PRESENT OR LAST EMPLOYER

ADDRESS  CITY  STATE  ZIP CODE

STARTING DATE  LEAVING DATE  JOB TITLE

WEEKLY STARTING SALARY  WEEKLY FINAL SALARY  MAY WE CONTACT YOUR SUPERVISOR?  YES  NO

NAME OF SUPERVISOR  TITLE  PHONE

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME OF PREVIOUS EMPLOYER

ADDRESS  CITY  STATE  ZIP CODE

STARTING DATE  LEAVING DATE  JOB TITLE

WEEKLY STARTING SALARY  WEEKLY FINAL SALARY  MAY WE CONTACT YOUR SUPERVISOR?  YES  NO

NAME OF SUPERVISOR  TITLE  PHONE

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME OF PREVIOUS EMPLOYER

ADDRESS  CITY  STATE  ZIP CODE

STARTING DATE  LEAVING DATE  JOB TITLE

WEEKLY STARTING SALARY  WEEKLY FINAL SALARY  MAY WE CONTACT YOUR SUPERVISOR?  YES  NO

NAME OF SUPERVISOR  TITLE  PHONE

DESCRIPTION OF WORK

REASON FOR LEAVING

**SERVICE RECORD**

BRANCH OF SERVICE  DISCHARGE DATE

RANK

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES?  NATIONAL GUARD  RESERVES  N/A

DATE OBLIGATIONS END

**REFERENCES**

BELOW, GIVE THE NAME OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOW AT LEAST ONE YEAR.

	NAME	PHONE No.	BUSINESS	YEARS ACQUAINTED
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you legally eligible for employment in the U.S.?  YES  NO

Do you have or have had relatives working for Arguindegui Companies (by blood or law)?  YES  NO

Name(s) (separate with a comma)

What dates did they work for Arguindegui Companies? (Please be as close as possible)

Are you able to perform the required functions of the job with or without reasonable accommodation?  YES  NO

If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation.

What foreign languages do you speak fluently? \_\_\_\_\_  READ  WRITE

Have you been convicted of a felony within the last 7 years?  YES  NO

If yes, explain. (Will not necessarily exclude you from consideration)

I understand and agree that I may be required to take one or more  physical examination  drug testing

as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents, or employees from any claim arising in connection with the use of such test(s).

AUTHORIZATION: THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED 45 DAYS. ANY APPLICANT WISHING TO BE CONSIDERED FOR EMPLOYMENT BEYOND THIS TIME PERIOD SHOULD INQUIRE AS TO WHETHER OR NOT APPLICATIONS ARE BEING ACCEPTED AT THIS TIME.

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

I HEREBY UNDERSTAND AND ACKNOWLEDGED THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE AN EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY AKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

I ALSO UNDERSTAND THAT IN THE EVENT OF EMPLOYMENT, I'M REQUIRED TO ABIDE BE ALL RULES AND REGULATIONS OF THE EMPLOYER.

**NOTE: Typing in your name for the signature field below will act as a binding signature**

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**DO NOT WRITE ON THIS PAGE  
FOR INTERVIEWERS' USE ONLY**

INTERVIEWED BY  DATE

NEATNESS  CHARACTER

PERSONALITY  ABILITY

NOTES

INTERVIEWED BY  DATE

NEATNESS  CHARACTER

PERSONALITY  ABILITY

NOTES

INTERVIEWED BY  DATE

NEATNESS  CHARACTER

PERSONALITY  ABILITY

NOTES

HIRED DATE  FOR DEPT.  FOR POSITION

SALARY WAGES  WILL REPORT

APPROVED 1 EMPLOYMENT MGMT.  DATE

APPROVED 2 DEPT. MGMT.  DATE

APPROVED 3 GENERAL MGMT.  DATE

# Arguindegui Oil Company # 1091

## APPLICANT INFORMATION

**APPLICANT'S FULL NAME** \_\_\_\_\_

Any Other Names Used \_\_\_\_\_

Social Security No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email address: \_\_\_\_\_ (Provide if you prefer to receive information via email)

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License State \_\_\_\_\_ D.L. Number \_\_\_\_\_

Address on D.L.: \_\_\_\_\_

Name of High School, College, University or Institution of Professional Training where you completed the highest level \_\_\_\_\_

(  GED - provide state) \_\_\_\_\_

Campus Name \_\_\_\_\_ Campus City \_\_\_\_\_ Campus State \_\_\_\_\_

Name on GED or under which you graduated \_\_\_\_\_

Year(s) Attended \_\_\_\_\_ Year Graduated/GED Completed \_\_\_\_\_

Please provide any current professional licenses, certifications, or registries you may hold:

Name as it appears on license/Certification/Registry \_\_\_\_\_

Type \_\_\_\_\_ State/Region or Issuing Organization \_\_\_\_\_ Country \_\_\_\_\_ Number \_\_\_\_\_

Type \_\_\_\_\_ State/Region or Issuing Organization \_\_\_\_\_ Country \_\_\_\_\_ Number \_\_\_\_\_

\*Have you ever been convicted of a crime? Yes  No  (Please attach a separate sheet of paper to provide additional entries)

Offense \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ When \_\_\_\_\_

Offense \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ When \_\_\_\_\_

Please provide all locations where you have resided for the past seven (7) years, starting with your current residency.

(Please attach a separate sheet of paper to provide additional entries)

1. City: \_\_\_\_\_ State: \_\_\_\_\_ Date From: \_\_\_\_\_ Date To: \_\_\_\_\_
2. City: \_\_\_\_\_ State: \_\_\_\_\_ Date From: \_\_\_\_\_ Date To: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Date From: \_\_\_\_\_ Date To: \_\_\_\_\_
4. City: \_\_\_\_\_ State: \_\_\_\_\_ Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

### STATE LAW NOTICES

**Minnesota or Oklahoma** applicants or employees only: Please mark an X in the designated field if you would like to receive a free copy of a

consumer report if one is obtained by the Company. The report will be mailed to the current address you indicated on this form.

**California** applicants or employees only: Please mark the following field if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California

law. The report will be mailed to the current address indicated above.

**California** applicants or employees only: By marking an X in the designated field, you will receive and are acknowledging receipt of the NOTICE

REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

**New York** applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Client by directly contacting PreCheck Inc. Additionally, please mark this field to receive and acknowledge receipt of a copy of Article 23-A of

New York Correction Law.

**Maine** applicants or employees only: Under Chapter 210 Section 1314 of Maine Revised Statutes, you have the right, upon request, to be informed within 5 business days of such request of whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.

**Massachusetts** applicants or employees only: If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a Copy.

**Washington State** applicants or employees only: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

I have read and understand the above information and assert that all information provided by me is true and accurate.

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

**BACKGROUND INQUIRY RELEASE**

In connection with my application for employment/residency, I understand that an investigative background inquiry is to be made on myself, including, but not limited to, identity and prior address(es) verification, criminal history, driving record, consumer credit history, education verification, prior employment verification and other references, as well as other information.

I, further understand that for the purposes of this background inquiry, various sources will be contacted to provide information, including but not limited to various Federal, State, County, municipal, corporate, private and other agencies, which may maintain records concerning my past activities relating to my criminal conduct, civil court litigation, driving record, and credit performance, as well as various other experiences.

I, hereby authorize without reservation any company, agency, party or other source contacted to furnish the above information as requested. I do hereby release, discharge and indemnify the prospective employer/landlord, it's agents and associates to the full extent permitted by law from any claims, damages, losses, liabilities, cost and expenses arising from the retrieving and reporting of the requested information.

I am willing and acknowledge that a photocopy of this authorization be accepted with the same authority as the original and this signed release expires one (1) year after the date of origination.

**PLEASE PRINT CLEARLY, IN BLACK INK & USE YOUR FULL LEGAL NAME.**

Company Name:

Company Address:

**Applicant Full Legal Name:**

Last Name:  First Name:  MI:

Previous Maiden/Surnames Used:

Social Security Number:  Date of Birth:

Present Address:

City:  State:  Zip:

Driver's License/ID:  State:

In connection with this request, I  hereby release the aforesaid parties from any liability and responsibility for obtaining my credit report.

Sign:  Date:

# NOTICE

## TO ALL JOB APPLICANTS AND EMPLOYEES

- ARGUINDEGUI MANAGEMENT CO., LLC.
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The Company check marked above fully complies with the Texas Drug-free Workplace Rules. All applicants and employees are subject to drug and/or alcohol testing. No applicant with a positive confirmed drug/alcohol test result will be considered for employment. A confirmed, positive drug test result from an employee can result in disciplinary action up to and including discharge and the loss of medical and worker's compensation benefits.

A complete copy of the drug-free workplace policy is available to all applicants and employees in the Human Resources Department during regular business hours.

This policy is effective from September 1, 2002 until further notice.

**NOTE: Typing in your name for the signature field below will act as a binding signature**

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Voluntary EEO Identification Form

Arguindegui Companies is an Equal Opportunity Employer. As required by law, various agencies of the United States Government require employers to maintain information on applicant pertaining to factors such as race, sex, and type of position for which and individual applies. The responses provided will be used only for necessary information for compliance with certain record keeping requirement, and to include in the Company's Affirmative Action Program.

Arguindegui Companies believe all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex religion, national origin, disability, veteran status, age, marital status or any other protected group. We are a company that values diversity and actively encourage women and minorities to apply.

Please complete the information requested below, refusal to provide the information will have no bearing on your application and will not subject you to any adverse treatment. Thank you for your cooperation.

Position(s) Applied For: (Job position title needed) \_\_\_\_\_

Referral Source \_\_\_\_\_

Date \_\_\_\_\_

Gender :  Male  Female

Race and Ethnic Data: (Please select box)

- White (Non-Hispanic):** Persons having origins of the original peoples of Europe, North Africa, or Middle East.
- Hispanic or Latino:** All persons Mexican, Puerto Rican, Cuban, Central or South American, Spanish culture or origin, regardless of race.
- Asian (Non-Hispanic):** Persons having origins in any of the original people of the Far East, Southeast Asia, Pacific Islands or the Indian sub continent (China, Japan, Korea, Philippines, Samoa, India, or Pakistan.)
- Black or African American (Non-Hispanic or Latino):** Persons having origins in any of the black ethnic groups of Africa.
- American Indian or Alaskan Native (Non-Hispanic or Latino):** Persons having origins in any of the original peoples of North and South America (including Central America), and who maintain cultural identification through tribal affiliation or community recognition.
- Native Hawaiian or Other Pacific Islander ( Non-Hispanic or Latino):** A person having origins in any of the people of Hawaii, Guam, or other Pacific Islands
- Two or More Races (Non-Hispanic or Latino):** All persons who identify with more than one of the above five races.

*Arguindegui Companies is an Equal Opportunity Employer*



# Voluntary EEO Identification Form

*Disabled Veterans, Recently Separated Veteran, Armed Forces Service Medal Veterans and other protected Veterans:*

As a government contractor, Arguindegui Companies is subject to the Rehabilitation Act of 1973 (Section 503), and Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 (VEVRAA as defined below

The information you provide will be kept confidential as far as practicable and in accordance with the law, and will be used to assist in providing reasonable accommodation and for statistical reporting as required by government agencies. The information shall not be used in a manner inconsistent with VEVRAA or Section 503. The Disabled and Veteran's Affirmative Action Program is available to all employees for review during regular business hours.

**I voluntarily identify myself as: (Please select box)**

**An Individual with a Disability:** An "individual with a disability" is defined as a person who (1) has physical or mental impairment with substantially limits one or more of his or her major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment.

**Disabled Veteran:** A "disabled veteran" is defined as (1) A veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) A person who was discharged or released from active duty because of a service-connected disability

**Recently separated veteran:** A "recently separated veteran" is defined as any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, navel, or air service.

**Armed Forces Service Medal Veteran:** An "Armed Forces Service Medal veteran" is defined as any veteran who while serving on active duty in the U.S. military, ground, navel, or air service, participated in a United States military operation for which and Armed Forces service medal was awarded pursuant to Executive Order 12985

**Other protected veteran:** An "other protected veteran" is defined as a veteran who served on active duty in the U.S. military, ground, navel, or air service during a war or campaign or expedition for which a campaign badge has been authorized, under the law administered by the Department of Defense.

**NOTE: Typing in your name for the signature field below will act as a binding signature**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**I choose not to self identify at this time.**

Signature \_\_\_\_\_

Date \_\_\_\_\_