



APPLICATION FOR EMPLOYMENT

6551 STAR CT, LAREDO, TEXAS 78041

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

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

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				
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL (OTHER)				

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

We are an Equal Opportunity Employer

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 REALTED TO, WHOM YOU HAVE KNOW AT LEAST ONE YEAR.

	NAME	PHONE No.	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

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 ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

I ALSO UNDERSTAND THAT IN THE EVENT OF EMPLOYMENT, I'M REQUIRED TO ABIDE BY 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.

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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 _____

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