

Please read before completing this application for employment.

It is the policy of Anadarko Industries LLC to comply fully with all federal, state and local equal employment laws. Anadarko Industries considers applicants for all positions without regard to race, color, ancestry, religion, sex, national origin, age, marital status, sexual orientation, disability unrelated to the job performance or any other classification protected by law.

Although Anadarko Industries' goal is to provide long-term career opportunities, employment with Anadarko Industries is at will and is not for a specific period of time. Employees are free to resign at any time. Likewise, Anadarko Industries may terminate the employment relationship at any time, with or without cause and with or without notice. Neither this application nor any other policy statement or guide constitutes an employment contract.

Please answer all questions fully and avoid "see resume" as a response.

PERSONAL INFORMATION

DATE OF APPLICATION:

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
IN ORDER TO ALLOW US TO ADEQUATELY CHECK YOUR EMPLOYMENT OR EDUCATIONAL HISTORY, PLEASE STATE ANY OTHER NAME(S) UNDER WHICH YOU MAY HAVE BEEN EMPLOYED OR ATTENDED SCHOOL:		
CURRENT ADDRESS:		
CITY:	STATE:	ZIP CODE:
CURRENT HOME TELEPHONE:	BUSINESS TELEPHONE:	
PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE):		
CITY:	STATE:	ZIP CODE:
PERMANENT HOME TELEPHONE (IF DIFFERENT FROM ABOVE):		
SOCIAL SECURITY NUMBER:		
ARE YOU UNDER THE AGE OF 18? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, PLEASE GIVE DATE OF BIRTH AND INDICATE WHETHER YOU CAN PROVIDE A CERTIFICATE OF AGE FROM THE TEXAS WORKFORCE COMMISSION UPON HIRE.		
DATE OF BIRTH:	CERTIFICATE OF AGE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
POSITION DESIRED:		
TYPE OF WORK DESIRED: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER INTERN		
HOW WERE YOU REFERRED FOR THIS POSITION?		
DATE AVAILABLE FOR EMPLOYMENT:		
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:		
ARE YOU AUTHORIZED TO WORK IN THE U.S. ON AN UNRESTRICTED BASIS? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(IF HIRED, YOU WILL BE ASKED TO FURNISH DOCUMENTS TO ESTABLISH IDENTITY AND ELIGIBILITY TO WORK IN THE U.S. WITHIN 3 DAYS OF EMPLOYMENT DATE)</small>		
CAN YOU TRAVEL IF A JOB REQUIRES IT? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EDUCATION

NAME OF SCHOOL & LOCATION (CITY & STATE)	DID YOU GRADUATE?	MAJOR	DEGREE	OVERALL G.P.A.
HIGH SCHOOL:	<input type="checkbox"/> YES <input type="checkbox"/> NO			
TECHNICAL/VOCATIONAL SCHOOL:	<input type="checkbox"/> YES <input type="checkbox"/> NO			
COLLEGE/UNIVERSITY:	<input type="checkbox"/> YES <input type="checkbox"/> NO			
GRADUATE SCHOOL:	<input type="checkbox"/> YES <input type="checkbox"/> NO			

LIST YOUR PROFESSIONAL STUDIES, LICENSES/CERTIFICATIONS, MEMBERSHIPS, DESIGNATIONS OR OTHER ACTIVITIES WHICH YOU FEEL WE SHOULD CONSIDER IN YOUR APPLICATION FOR EMPLOYMENT:

LIST YOUR COLLEGE, POST HIGH SCHOOL HONORS, DISTINCTIONS OR ACTIVITIES WHICH YOU FEEL WE SHOULD KNOW ABOUT WHEN CONSIDERING YOUR APPLICATION:

LIST ANY INTERNSHIPS OR CO-OP JOBS WHICH YOU FEEL WE SHOULD CONSIDER WITH YOUR APPLICATION:

COMPUTER EXPERIENCE

SOFTWARE PROGRAM/PLATFORM (MAC OR PC)	PROFICIENCY	YEAR LAST USED
	<input type="checkbox"/> LOW <input type="checkbox"/> MED <input type="checkbox"/> HIGH	
	<input type="checkbox"/> LOW <input type="checkbox"/> MED <input type="checkbox"/> HIGH	
	<input type="checkbox"/> LOW <input type="checkbox"/> MED <input type="checkbox"/> HIGH	
	<input type="checkbox"/> LOW <input type="checkbox"/> MED <input type="checkbox"/> HIGH	
	<input type="checkbox"/> LOW <input type="checkbox"/> MED <input type="checkbox"/> HIGH	
	<input type="checkbox"/> LOW <input type="checkbox"/> MED <input type="checkbox"/> HIGH	

SPECIAL SKILLS AND QUALIFICATIONS

SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE:

EMPLOYMENT HISTORY

LIST YOUR CURRENT OR MOST RECENT EMPLOYER FIRST (INCLUDE ACTIVE AND RESERVE MILITARY DUTY). YOU MAY INCLUDE ANY VERIFIABLE WORK PERFORMED ON A VOLUNTEER BASIS. YOU MAY EXCLUDE ORGANIZATIONS WHICH INDICATE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, HANDICAP OR OTHER PROTECTED STATUS.

MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT PRESENTLY EMPLOYED	
CURRENT OR MOST RECENT EMPLOYER:	
TELEPHONE: () -	SUPERVISOR/TITLE:
CITY:	STATE:
EMPLOYMENT DATE:	TERMINATION DATE:
STARTING POSITION:	STARTING SALARY:
ENDING POSITION:	ENDING SALARY:
REASON FOR LEAVING:	
DESCRIBE WORK RESPONSIBILITIES:	

FORMER EMPLOYER:	
TELEPHONE: () -	SUPERVISOR/TITLE:
CITY:	STATE:
EMPLOYMENT DATE:	TERMINATION DATE:
STARTING POSITION:	STARTING SALARY:
ENDING POSITION:	ENDING SALARY:
REASON FOR LEAVING:	
DESCRIBE WORK RESPONSIBILITIES:	

FORMER EMPLOYER:	
TELEPHONE: () -	SUPERVISOR/TITLE:
CITY:	STATE:
EMPLOYMENT DATE:	TERMINATION DATE:
STARTING POSITION:	STARTING SALARY:
ENDING POSITION:	ENDING SALARY:
REASON FOR LEAVING:	
DESCRIBE WORK RESPONSIBILITIES:	

FORMER EMPLOYER:	
TELEPHONE: () -	SUPERVISOR/TITLE:
CITY:	STATE:
EMPLOYMENT DATE:	TERMINATION DATE:
STARTING POSITION:	STARTING SALARY:
ENDING POSITION:	ENDING SALARY:
REASON FOR LEAVING:	
DESCRIBE WORK RESPONSIBILITIES:	

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD (You may exclude memberships which would reveal race, sex, religion, national origin, age, ancestry, handicap or other protected status).
HAVE YOU HAD ANY JOB-RELATED TRAINING IN THE UNITED STATES MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE DESCRIBE:
ARE YOU PHYSICALLY OR OTHERWISE UNABLE TO PERFORM THE DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> YES <input type="checkbox"/> NO

REFERENCES

NAME	RELATION	TELEPHONE
		() -
		() -
		() -
		() -

APPLICANT AUTHORIZATION: READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

“I certify that answers given herein are true and complete to the best of my knowledge. I hereby authorize Anadarko Industries LLC to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision. I agree that Anadarko Industries and the people contacted by Anadarko Industries in investigating the information contained in this application shall not be liable if an employment offer is not made, is withdrawn, or if my employment is terminated as the result of such investigation.” INITIALS_____

“I agree to immediately notify the company if I should be convicted of any crime while my job application is pending or during my period of employment, if hired.” INITIALS_____

“ I give permission for a pre-employment drug/alcohol screening exam and, if the company makes a conditional job offer, I give permission for a complete employment physical. I also consent to the appropriate release of any and all medical information, as may be deemed necessary.” INITIALS_____

“I agree that withholding pertinent information or submitting false information in connection with this application for employment may result in revocation of any employment offer or in termination of employment and loss of all employee benefits and privileges.” INITIALS_____

“I hereby understand that, unless otherwise defined by applicable law, any employment relationship with Anadarko Industries LLC is of an “at will” nature and may be terminated by the employee or Anadarko Industries at any time, with or without cause and with or without notice.” INITIALS_____

“I understand that the acceptance of this application by Anadarko Industries LLC neither expresses nor implies that I will be offered employment.” INITIALS_____

“ I understand that, if hired, I may not hold other employment, nor engage in other activities that create a conflict of interest with my position with the company unless given permission in writing by the company.” INITIALS_____

PRE-EMPLOYMENT DOCUMENTS: “If offered employment, I understand that I will be required to review, complete and execute various employment documents, and agree that I will not be employed until all employment documents have been signed.” INITIALS_____

APPLICANT SIGNATURE:

APPLICANT NAME (PLEASE PRINT):

DATE SIGNED_____