



SUNOCO RETAIL LLC EMPLOYMENT APPLICATION

Applying for: _____

PERSONAL INFORMATION Required fields are marked with an asterisk (*)

First Name* _____ Middle Name _____ Last Name* _____ Suffix _____

Address* _____ (_____) _____ Primary Phone* _____

City* _____ State* _____ Zip Code* _____ (_____) _____ Secondary Phone _____

Email Address* _____

BACKGROUND INFORMATION Required fields are marked with an asterisk (*)

Please list all previous names or aliases used _____

Are you at least 18 years of age?* YES NO

Have you ever worked directly for or as a contractor for Sunoco or any other affiliate or subsidiary?* YES NO If Yes, in what capacity and the reason for leaving

Are you legally authorized to work in the United States?* YES NO

Will you now or in the future require sponsorship for employment visa status (e.g. H-1B visa status)?* YES NO

Are any relatives or household members employed by Sunoco or any affiliate or subsidiary?* YES NO If Yes, please provide names

How did you hear about us? Walk-in Advertisement Newspaper (specify) _____ Employment Agency (specify) _____
 Other website (specify) _____ Employee Referral (specify) _____ Job Fair

EMPLOYMENT PREFERENCES Required fields are marked with an asterisk (*)

Are you willing to Travel?* YES NO

When would you be available to start working?* _____

Are you applying to a full-time position?* Full-Time Temp Weekends Part-Time Day Night Late-Night
If you are applying for Part-Time or Temporary Work indicate your availability below.

Are you willing to work weekends and holidays?* YES NO

Are you willing to work in excess of the standard work week?* YES NO

Have you ever been terminated from employment for theft, improper cash handling, or asked to resign by any employer?* YES NO If Yes, please provide employer, location, dates and describe circumstances.

Are you willing to rotate shifts?* YES NO

EDUCATIONAL BACKGROUND Required fields are marked with an asterisk (*)

Highest Level of Education

Name used while in attendance

School Name*

School City*

School State*

Degree/Diploma obtained*

Major

Other Degree(s)

Did you graduate?* YES NO

If no, did you receive a G.E.D.? YES NO

G.E.D. City

State

Additional Education, if any

School Name

School City

School State

Degree/Diploma obtained

Major

Other Degree(s)

Did you graduate? YES NO

Describe any specialized training, professional license, apprenticeships, etc.

Other Training or Educational Background Information

EMPLOYMENT HISTORY Required fields are marked with an asterisk (*)

Please list your most recent employer first.

Employer 1

Employer Name* _____ Type of Business* _____

Employer's Address* _____ City* _____ State* _____ Zip Code* _____

(_____) _____ May we contact this employer?* YES NO

Phone Number* _____

Starting Job Title* _____ Ending Job Title* _____

Start Date (mm/yyyy)* _____ End Date (mm/yyyy)* _____

Supervisor's Name, Title* _____ Phone Number* (_____) _____

Major Duties _____

Reason for leaving or seeking other employment?
Choose one: Still Employed with Employer Resigned with Notice Quit without Notice Terminated Laid Off Severance

Please explain in further detail: _____

Employer 2 All fields are required if employer name is provided

Employer Name* _____ Type of Business* _____

Employer's Address* _____ City* _____ State* _____ Zip Code* _____

(_____) _____

Phone Number* _____

Starting Job Title* _____ Ending Job Title* _____

Start Date (mm/yyyy)* _____ End Date (mm/yyyy)* _____

Major Duties _____

Reason for leaving or seeking other employment?
Choose one: Still Employed with Employer Resigned with Notice Quit without Notice Terminated Laid Off Severance

Please explain in further detail: _____

Employer 3 All fields are required if employer name is provided

Employer Name* _____ Type of Business* _____

Employer's Address* _____ City* _____ State* _____ Zip Code* _____

(_____)
Phone Number* _____

Starting Job Title* _____ Ending Job Title* _____

Start Date (mm/yyyy)* _____ End Date (mm/yyyy)* _____

Major Duties _____

Reason for leaving or seeking other employment?

Choose one: Still Employed with Employer Resigned with Notice Quit without Notice Terminated Laid Off Severance

Please explain in further detail: _____

PREVIOUS ADDRESSES

Please provide the last 10 years or 2 previous address information.

Address 1

Previous Address _____ City _____ State _____ Zip Code _____

From Date (mm/yyyy) _____ To Date (mm/yyyy) _____

Address 2

Previous Address _____ City _____ State _____ Zip Code _____

From Date (mm/yyyy) _____ To Date (mm/yyyy) _____

REFERENCES Required fields are marked with an asterisk (*)

All references should be people you've worked with or for, not personal acquaintances, friends, relatives, etc.

Reference 1

Name*	Company Name*
Job Title*	Relationship*
Email Address*	(_____) Phone Number*

Reference 2

Name*	Company Name*
Job Title*	Relationship*
Email Address*	(_____) Phone Number*



SUNOCO RETAIL LLC CERTIFICATION & RELEASE

Required fields are marked with an asterisk (*)

I certify that all of the information provided on this employment application and all exhibits and resumés submitted to Sunoco Retail LLC (hereinafter referred to as "Company") is true, correct and complete. I understand that false, misleading, incomplete or omitted information on this application or exhibits and resumés will result in rejection of my application or termination, if hired, regardless of the date of discovery.

I authorize all persons and organizations, including but not limited to my former and present employers and professional references, to provide the Company and its agents with complete information concerning my character, employment record and suitability for employment with the Company.

I understand that part of the processing of my application may involve routine inquiry pertaining to my background and qualifications and that information on the nature and scope of such inquiry, if one made, is available to me upon request. I authorize the schools and prior employers listed in this employment application (except where specifically withheld in this application) to provide my record, reason for leaving, and all other information they may have concerning me, and I release all parties from any and all liability or claims for damage whatsoever that may result from the inquiry and release of information.

I understand that this application is not an offer of employment or an employment contract with the Company or any of its affiliates. I further understand that employment with the Company or any of its affiliates is "at will" and based on mutual consent. Either the Company (or its affiliates) or I can terminate any employment relationship at any time, with or without prior notice or cause. I understand that no employee of the Company (or its affiliates), other than the President, is authorized to enter into any contract or create any employment relationship other than "at will."

As a condition to consideration of this application, I agree that any dispute or misunderstanding involving the handling of this application and the terms, conditions of, and termination of any resulting employment will be subject to the Resolve Program & Mutual Arbitration Agreement.

I understand that the Company is a drug-free workplace and that any conditional employment offer by the Company or its affiliates is subject to successful completion of testing for the illegal use of drugs.

I understand that if I am hired by the Company (or its affiliates), I will be required to complete a Federal I-9 form and provide documentation verifying my right to live and work in the United States.

If employed, I will comply with the Company's policies, rules and procedures.

My signature below certifies that I have read, understand and agree to the contents of this certification, and that a photocopy or facsimile of this signed form can be used for the business purposes described above.

Applicant Signature*

Date (mm/dd/yyyy)*

Present Phone Number*

If the applicant is a minor, the applicant's parent or legal guardian must sign this release and consent. Signature by the applicant's parent or legal guardian constitutes acknowledgment by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, may test the applicant for controlled substances, conduct inspections of applicant property while on company property without notice, and communicate controlled substance screen results to Company personnel who need to know, to the applicant and to the applicant's legal guardian.

Parent/Legal Guardian Signature

Date (mm/dd/yyyy)

Witness

Date (mm/dd/yyyy)