



# Application for Employment

**Equal Employment Opportunity** -- It is our policy to provide equal employment opportunity throughout the Company for all qualified persons without regard to race, color, age, sex, national origin, disability, veteran status, or any other legally protected status.

**Instructions: Please print in black ink or type information.**

Name (Last, First, Middle)		Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security Number		
Present Address (Street, City, State, ZIP Code)				Phone Number (Area Code First)		
Permanent Address (Street, City, State, ZIP Code)				Phone Number (Area Code First)		
Date Available for Employment		Employment Desired <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		Will you perform shift work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Position Desired -- First Preference			Second Preference			
Geographic Location Preferred			Geographic Location where you will not consider employment			
Will you work overtime? Yes <input type="checkbox"/> No <input type="checkbox"/>			Are you legally authorized to work in the United States on a regular, full-time basis? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you been previously employed by <input type="checkbox"/> Conoco <input type="checkbox"/> Phillips <input type="checkbox"/> Tosco ▶		If yes, where?		When? <input type="checkbox"/> <input type="checkbox"/>		
Do you have relatives currently employed by Phillips 66? No <input type="checkbox"/> Yes ▶		If yes, name?		Relationship	Department <input type="checkbox"/>	
					Location	
Have you been convicted of a felony, a misdemeanor negotiated from a felony charge, or a misdemeanor involving violence, theft, fraud, or moral turpitude? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, please list charge(s), date(s), sentence or disposition and jurisdiction(s). Convictions do not necessarily prohibit consideration for employment.						
Provide any other name(s) used in past employment or educational records.				If you are presently employed, may we contact your employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Employment Record** (List below your employment in reverse chronological order. Include part-time and summer experience for at least the last 7 years.)

From Mo./Yr.	To Mo./Yr.	From Mo./Yr.	To Mo./Yr.	From Mo./Yr.	To Mo./Yr.	From Mo./Yr.	To Mo./Yr.	From Mo./Yr.	To Mo./Yr.
<b>Employer</b>									
<b>Address</b>									
<b>Supervisor's Name and Telephone No. (Area Code First)</b>									
<b>Position(s) Held</b>									
<b>Reason for Leaving</b>									

Identify and explain any time lapses in your above employment record.

**Education Record**

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12	Course of Study -- Major/Minor	Degree Received	Grade Average	
			Overall	Major
High School Attended and Location		Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No		
Vocational or Technical School Attended		Completed <input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University		Completed		
Graduate School		Completed		
Other: 1) Include information you believe is important, such as: special training, apprenticeships completed, military experience, other education, or foreign language fluency.				
2) List those machines and/or equipment you are qualified to operate and any other skills you possess.				
3) Titles of theses and special research projects.				

You may omit references in this section which you feel might reveal age, race, color, sex, national origin, or disability.

Name and description of scholastic honors received including scholarships.
Name honorary, technical and professional organizations of which you have been a member, or other extracurricular activities in which you have participated, including offices held. (List professional licenses held.)

This form will usually provide the necessary information. It may be supplemented, however, by a letter or personal resume.

Indicate Source Which Referred You
<input type="checkbox"/> Campus Placement Office <input type="checkbox"/> Walk-in <input type="checkbox"/> Private Employment Agency <input type="checkbox"/> Published Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Write-in <input type="checkbox"/> Governmental Employment Agency <input type="checkbox"/> Other (Specify). _____ <input type="checkbox"/> Rehire

Use this space to provide additional residence addresses or employers during the past 7 years which are not included on the reverse side.
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Use this space to provide at least three (3) personal references (name and address) who have known you for three or more years.
1)
2)
3)

**Please Read the Following Carefully Before Signing**

To assist in the evaluation of my employment application and/or for "employment purposes", I authorize Phillips 66 to request and receive any and all information concerning me from any persons, schools, companies, corporations, partnerships, government or government subdivisions, agencies, consumer reporting or investigative agencies, or any other entities including, but not limited to law enforcement agencies, licensing agencies and any of my previous employers now or at any time during my employment with Phillips 66. This authorization includes, but is not limited to, authorization to check and verify any information contained in my employment application. I hereby authorize any and all aforesaid to furnish Phillips 66 any and all information concerning me. I hereby release all parties supplying information concerning me and Phillips 66, its divisions, subsidiaries, affiliates, agents, servants, and/or other employees from any and all liability and

**I certify that all information furnished in this application, signed and dated by me this date, is true and complete to the best of my knowledge and belief and that falsification or omission of information requested in this application or in the application process shall be grounds for disqualification from further consideration or for termination.**

responsibility arising out of the collection, release, or use of information concerning me.

I understand that if an employment offer is extended, I may be required to undergo a physical examination and/or drug screen test at the expense of Phillips 66. I further understand that if I do not successfully complete the physical examination or drug screen test, Phillips 66 may withdraw its employment offer, and I agree to hold Phillips 66 harmless for such withdrawal. I also understand that employment is conditional on my ability to verify my identity and eligibility for employment as required by the Immigration Reform and Control Act of 1986.

I agree and understand that any employment which may be offered to me will not be for any definite period of time and that such employment is subject to termination by me or Phillips 66 at any time, with or without cause. I also agree and understand that nothing contained in this application nor any verbal statements made during the application process or during my employment shall be deemed to constitute an employment contract between me and Phillips 66.

Signature	Date
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**We appreciate your interest in becoming part of our winning team.**



## Self-Identification

### To Applicants for Employment:

The law requires that Phillips 66 gathers and maintains certain information on individuals who apply for employment with us. To assist in maintaining accurate employment records and to comply with federal government reporting requirements, your assistance is requested. The information you provide below is considered entirely **voluntary and confidential**, and will be used only for data reporting requirements. If you choose not to self-identify, please be assured that your employment status will not in any way be affected. Thank you for your assistance in this matter.

Please check the categories which apply to you.

**Gender (Sex) Information**     Male     Female

**Referral Source**     Walk-in     Advertisement\*     College Recruit\*  
 Job Fair     Agency\*     Employee Referral\*  
 Community/Minority Organization     Other

\*Please specify referral source

### Race/Ethnic Group Information

- Black, African American, not Hispanic Origin:** Persons having origin in any of the Black racial groups of Africa.
- Asian or Pacific Islanders:** Persons having origin in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, Samoa, India, Sri Lanka, and Pakistan.
- Hispanic:** Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race.
- American Indian or Alaska Native:** Persons having origin in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- White, not Hispanic Origin:** Persons having origin in any of the original people of Europe, North Africa, or the Middle East.

### Military Information

- Vietnam Era Veteran:** (a) Persons serving more than 180 days of active military, navy, or air service, regardless of where the person was posted geographically, any part of which was during the periods of August 5, 1964, through May 7, 1975, and who (1) was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty because of a service connected disability, if any part was between August 5, 1964, and May 7, 1975; (b) a person who served more than 180 days of active military, navy, or air service, within the Republic of Vietnam, any part of which was during the period of February 28, 1961 through May 7, 1975, and who (1) was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty because of a service connected disability, if any part was between February 28, 1961, and May 7, 1975.
- Other Veterans:** Persons who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

Position applied for \_\_\_\_\_ Date \_\_\_\_\_