

## NEW DIXIE OIL

### APPLICATION FOR EMPLOYMENT

DUE TO HIGH CALL VOLUMES, WE ASK THAT YOU NOT CALL INTO THE OFFICE TO CHECK ON THE STATUS OF YOUR EMPLOYMENT APPLICATION. THE SUPERVISORS DO NOT WORK IN THE OFFICE AND THEY DO ALL THE HIRING. YOUR APPLICATION WILL GO ON FILE AND IF YOU ARE CHOSEN FOR CONSIDERATION, A SUPERVISOR WILL CONTACT YOU.

THANK YOU FOR YOUR COOPERATION

MANAGEMENT

**Application for Employment**

**New Dixie Oil Corporation** is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religious, national, or ethnic origin, disability, age, veteran status, or sexual orientation.

**PLEASE TYPE OR PRINT.** Complete the entire application. You may attach a resume, but you must still complete all questions or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position.

Name: (Last, First, Middle)		Other names under which you have attended school or been employed	
Street Address:		City, State, Zip:	
Social Security Number:	Home Phone:	Work Phone:	Other Phone:
Position Desired: _____	Shift Preference:		
Desired starting pay: _____	1 <sup>st</sup> _____	2 <sup>nd</sup> _____	3 <sup>rd</sup> _____
Are you eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	Lifting up to 50 pounds may be required in the course of your employment. Can you do this on your own or with a responsible accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Birth Date (Month/Day Only) _____ Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	Constant physical activity (assisting customers, stocking shelves, cleaning the store and property, etc.) is necessary. Are you able to perform duties of this type throughout the entire shift of your own or with reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever been employed by New Dixie Oil? Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES, please provide dates of employment and reason for leaving:		
Are you related to any current New Dixie Oil employee? Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES, please state their name and their relationship to you.		
Do you have reliable transportation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
How did you learn about this employment opportunity? (Check all that apply)			
<input type="checkbox"/> Job Bulletin/Posting/Walk-in <input type="checkbox"/> Website <input type="checkbox"/> Dept. of Labor <input type="checkbox"/> Referral by employee <input type="checkbox"/> Ad in newspaper <input type="checkbox"/> Other: _____			

**EDUCATION**

NAME OF SCHOOL	CITY/STATE	DID YOU GRADUATE?	IF NO, # OF YEARS LEFT TO GRADUATE	IF YES, DATE OF GRADUATION	DEGREE RECEIVED	MAJOR
HIGH SCHOOL:		Yes <input type="checkbox"/> No <input type="checkbox"/>				
GED:		Yes <input type="checkbox"/> No <input type="checkbox"/>				
OTHER SCHOOL:		Yes <input type="checkbox"/> No <input type="checkbox"/>				
COLLEGE:		Yes <input type="checkbox"/> No <input type="checkbox"/>				
COLLEGE:		Yes <input type="checkbox"/> No <input type="checkbox"/>				
COLLEGE:		Yes <input type="checkbox"/> No <input type="checkbox"/>				
Other credentials/licenses/professional affiliations, etc. that may be relevant to this position for which you are applying:						

**SKILLS:** Please list technical skills, clerical skills, trade skills, etc. that may be relevant to this position. Include any computer systems and software packages of which you have a working knowledge and note your level of proficiency (basic, intermediate, or expert)



**WORK EXPERIENCE:** Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, please detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."

**PLEASE NOTE:** New Dixie Oil Corp. reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position)	Full time <input type="checkbox"/> Part time <input type="checkbox"/>	Title:
Starting salary:	Organization Name and Address:	
Final salary:		
Supervisor's Name, Title, & Phone #:	Other Reference Name, Title, & Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary Duties:		Reason for Leaving:

Dates Employed (most recent position)	Full time <input type="checkbox"/> Part time <input type="checkbox"/>	Title:
Starting salary:	Organization Name and Address:	
Final salary:		
Supervisor's Name, Title, & Phone #:	Other Reference Name, Title, & Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate

Primary Duties:	Reason for Leaving:
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Dates Employed (most recent position)	Full time <input type="checkbox"/> Part time <input type="checkbox"/>	Title:
Starting salary:	Organization Name and Address:	
Final salary:		
Supervisor's Name, Title, & Phone #:	Other Reference Name, Title, & Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary Duties:	Reason for Leaving:	

Dates Employed (most recent position)	Full time <input type="checkbox"/> Part time <input type="checkbox"/>	Title:
Starting salary:	Organization Name and Address:	
Final salary:		
Supervisor's Name, Title, & Phone #:	Other Reference Name, Title, & Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary Duties:	Reason for Leaving:	

Dates Employed (most recent position)	Full time <input type="checkbox"/> Part time <input type="checkbox"/>	Title:
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Starting salary:	Organization Name and Address:	
Final salary:		
Supervisor's Name, Title, & Phone #:	Other Reference Name, Title, & Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary Duties:		Reason for Leaving:

**REFERENCES:** Please give the names of 3 people (not relatives) you have worked with that we may contact for a reference.

Name: _____	Address: _____	
Occupation: _____	Years known: _____	Phone: _____
Name: _____	Address: _____	
Occupation: _____	Years known: _____	Phone: _____
Name: _____	Address: _____	
Occupation: _____	Years known: _____	Phone: _____

List any first aid or emergency response training for which you are currently certified (Give date of certification)


Have you ever been convicted of a felony or misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information in this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form or misrepresentation or omission of facts represents grounds for elimination from consideration for employment or termination after employment if discovered at a later date. I authorize New Dixie Oil Corp. to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal, and credit background investigation and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of New Dixie Oil Corp. serve at-will and the employment relationship may be terminated at any time by either party, or for any reason, other than a reason prohibited by law.

If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with the company and departmental regulations. I understand that, if employed on a temporary basis, I would be paid for hours worked only and would be ineligible for benefits including paid time off. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first 90 days of regular employment represent a provisional period during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Applicant Signature: \_\_\_\_\_

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

**UNCONDITIONAL RELEASE – APPLICANT PLEASE READ CAREFULLY**

IF HIRED, I AGREE TO COMPLY WITH ALL RULES OF NEW DIXIE OIL. I HEREBY AFFIRM AND DECLARE THAT ALL THE FOREGOING STATEMENTS ARE TRUE AND CORRECT AND I HAVE NOT KNOWINGLY WITHHELD ANY FACT THAT WOULD, IF DISCLOSED, AFFECT MY APPLICATION UNFAVORABLY. I HEREBY AUTHORIZE NEW DIXIE OIL TO CONDUCT ANY NON-MEDICAL INVESTIGATION THEY DEEM NECESSARY WITH RESPECT TO INFORMATION SET FORTH ON THIS APPLICATION. I ALSO HEREBY AUTHORIZE NEW DIXIE OIL TO RELEASE SUCH INFORMATION, TOGETHER WITH THEIR OPINIONS ON THESE MATTERS, WITHOUT ANY LIABILITY FOR ANY DAMAGE WHATSOEVER CAUSED EITHER DIRECTLY OR INDIRECTLY BY GIVING OR RECEIVING SUCH INFORMATION OR OPINIONS. I AUTHORIZE ANY FORMER OR PRESENT EMPLOYER, SCHOOLS, COLLEGES, AND UNIVERSITIES, PERSONAL REFERENCES, AND/OR ANY OTHER PERSON OR PERSONS TO GIVE ANY INFORMATION CONCERNING MY CHARACTER AND EMPLOYMENT RECORD. I HEREBY, UNCONDITIONALLY, RELEASE ANY NAMED OR UNNAMED INFORMATION PROVIDER FROM ANY AND ALL LIABILITY RESULTING FROM THE FURNISHING OF ANY SUCH INFORMATION.

MORE SPECIFICALLY, I HEREBY AUTHORIZE THE SHERIFF AND/OR CHIEF OF POLICE AND/OR ANY AND ALL MEMBERS OF ANY POLICE DEPARTMENT IN ANY LOCAL AREAS WHERE I HAVE LIVED AND/OR WORKED, OR ANY OTHER CONCERNED LAW ENFORCEMENT AGENCY, WHEREVER SITUATED, TO FURNISH ANY INFORMATION THEY MAY HAVE CONCERNING ME WHICH THEY HAVE ON RECORD OR OTHERWISE. I HEREBY RELEASE THE SHERIFF AND/OR ANY OTHER LAW ENFORCEMENT AGENCY, WHEREVER SITUATED, FROM ANY AND ALL LIABILITY RESULTING FROM THE FURNISHING OF THIS INFORMATION. IT IS UNDERSTOOD THAT ANY FALSE STATEMENT OR OMISSION ON THE APPLICATION MAY BE CONSIDERED A SUFFICIENT CAUSE FOR REJECTION OF THE APPLICATION, OR DISMISSAL IF ALREADY EMPLOYED BY NEW DIXIE OIL.

I HEREBY CERTIFY THAT THE FACTS IN THE ABOVE EMPLOYMENT APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL. YOU ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OF MY PERSONAL HISTORY, FINANCIAL, AND CREDIT RECORD THROUGH ANY INVESTIGATION OR CREDIT AGENCIES OR BUREAUS OF YOUR CHOICE. NOTE: THE PROVISIONS OF THE FAIR CREDIT REPORTING ACT MAY BE APPLICABLE IF A CREDIT REPORT ON THE APPLICANT IS OBTAINED AND CONSIDERED.

IN THE EVENT OF EMPLOYMENT BY NEW DIXIE OIL, I AUTHORIZE THEM TO WITHHOLD FROM MY PAYROLL CHECK TO THE FULLEST EXTENT ALLOWED BY THE LAW, THE AMOUNT OF ANY CASH ADVANCES, RETURNED CHECK ISSUED BY ME TO NEW DIXIE OIL, OR ANY OTHER AMOUNT OWED BY ME TO NEW DIXIE OIL FOR CASE GOODS PREVIOUSLY RECEIVED.

I UNDERSTAND THAT NOTHING CONTAINED IN ANY OF NEW DIXIE OIL'S POLICIES AND PROCEDURES AND NOTHING SAID TO ME BY ANY REPRESENTATIVE OF NEW DIXIE OIL SHALL BE DEEMED TO CREATE ANY CONTRACT OF EMPLOYMENT BETWEEN ME AND NEW DIXIE OIL, AND THAT MY EMPLOYMENT MAY BE TERMINATED BY ME OR NEW DIXIE OIL AT ANY TIME FOR ANY REASON WITHOUT ADVANCE NOTICE OF ONE TO THE OTHER.

ADDITIONALLY, I HEREBY ATTEST UNDER PENALTY OF PERJURY THAT I AM AUTHORIZED TO WORK IN THE UNITED STATES.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



# BACKGROUND REPORT RELEASE FORM

## PLEASE READ CAREFULLY

This is to notify you that in connection with your application for employment or temporary assignment we may produce a consumer report. Please be advised that we may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics and mode of living as part of the process. In the event that information gained from these reports is utilized, either in whole or in part, in making an adverse decision we will provide you with a copy of the consumer report and a description of your summary of rights under the Fair Credit Reporting Act (FCRA) before making an adverse action.

This information may be obtained by contacting your present and previous employers or references supplied by you. The report may cover information including, but not limited to, criminal history reports, and any public records i.e. driving records, education and licensing verifications, personal reference verifications, federal and state blocked party information, medical professional sanctions and Social Security number verification.

Please be advised that you have the right to request a copy of the consumer report in a reasonable amount of time (60 days). We will make a complete and accurate disclosure of the nature and scope of the information requested.

By signing below, I am authorizing **New Dixie Oil Corporation** to prepare a consumer or investigative consumer report on me as part of the screening process for employment or temporary assignment. During the period in which I retain employment or assignment, I further authorize **New Dixie Oil Corporation** to obtain additional consumer reports or investigative consumer reports on me to evaluate my reliability for purposes of determining continued access authorization. I also acknowledge that **New Dixie Oil Corporation** will provide me with a copy of my summary of rights under the fair credit-reporting act (FCRA) if needed.

I additionally authorize all entities having information about me including present and former employers, criminal justice agencies, department of motor vehicles, schools, and credit reporting agencies to release such information to the below indicated party or **New Dixie Oil Corporation** and to Partnership Screening as the investigative consumer reporting agency, or to any firm retained to conduct such investigations, with all to be treated as the end user of such information without exception.

Type Name of Requester: **New Dixie Oil Corporation**

This release and authorization shall remain valid and in effect during the term of your employment. We reserve the right to run additional consumer reports and/or investigative consumer reports on an as needed basis.

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

Subject/ First Name: \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Subject email address : \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

*The information that you provide on this form will be used solely for the purpose of identifying or eliminating possible records revealed during the background screening process and will not be used in any way in making an employment or assignment decision*

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

#### **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

**You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation</p>

	1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357

**Drug Test Consent Form for Applicants**

I, a prospective employee of New Dixie Oil Corporation, understand that the use of drugs, alcohol and other controlled substances by employees created a dangerous work environment. In consideration for my desire for a safe work environment, I hereby give my consent for New Dixie Oil Corporation to conduct the drug tests it considers necessary as outlined in its Drug Test Policy. I understand that this drug test is a condition for my employment. I hereby allow New Dixie Oil Corporation to take the necessary specimens from me to test for any controlled substance and I authorize the laboratory or medical personnel retained by New Dixie Oil Corporation for these tests to release the results to New Dixie Oil Corporation for whatever use New Dixie Oil Corporation deems appropriate. Further, I release the laboratory or medical personnel conducting the drug test, New Dixie Oil Corporation, and New Dixie Oil Corporation's employees, directors, officers and successors from any liabilities, claims and cause of action, known or unknown, contingent or fixed, that may result from this drug test. I agree not to file any lawsuit or other action to assert a claim.

I have read and understand this agreement, and I sign this without any coercion or duress by any individual or institution.

\_\_\_\_\_ Print Name  
\_\_\_\_\_ Signature  
\_\_\_\_\_ Date  
\_\_\_\_\_ Witness