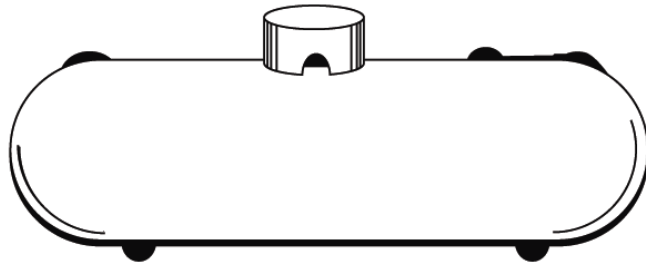


Applicant's Name

Last

First

Middle Initial



Missoula

2500 West Broadway
Missoula, MT 59808
(406) 541-6800

Thompson Falls

PO Box 1222
224 Main Street
Thompson Falls, MT 59873
(406) 827-4740

Superior

211 River Street
Superior, MT 59872
(406) 822-4848

Ronan

1408 Hwy 93 S
Ronan, MT 59864
(406) 676-2201

Drummond

PO Box 297
229 East Front St.
Drummond, MT 59832
(406) 288-3219

Hamilton

125 Old Corvallis Road
Hamilton, MT 59840
(406) 363-1001

Seeley Lake

PO Box 810
3269 Hwy 83 N
Seeley Lake, MT 59868
(406) 677-3656

If you receive an offer of employment, it may be conditioned upon testing for use of illegal drugs and a background investigation.

Prospective employees will receive consideration without discrimination because of race, religion, color, sex, age, national origin, marital status or disability.

Application for Employment

PERSONAL DATA

NAME (first, middle, last)		PREFERRED FIRST NAME	TODAY'S DATE
SOCIAL SECURITY NUMBER <small>To be submitted prior to offer of employment</small>	TELEPHONE NUMBER	ALTERNATE NUMBER	ARE YOU UNDER 18 YEARS OF AGE? <input type="checkbox"/> Yes <input type="checkbox"/> No
PRESENT ADDRESS		CITY/STATE	ZIP
PERMANENT ADDRESS		CITY/STATE	ZIP

POSITION DESIRED		ARE YOU AUTHORIZED AND CAN YOU PROVIDE VERIFICATION OF YOUR RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No
DATE AVAILABLE TO START WORK	STARTING WAGE DESIRED	HAVE YOU APPLIED AT ENERGY PARTNERS LLC BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
DO YOU HAVE OR CAN YOU OBTAIN A VALID DRIVER'S LICENSE?		COMMERCIAL LICENSE? ENDORSEMENTS?
ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	CAN YOU TRAVEL, IF REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAVE YOU PREVIOUSLY WORKED AT ENERGY PARTNERS LLC? If yes, when and where? <input type="checkbox"/> Yes <input type="checkbox"/> No
INDICATE THE TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Rotating Shifts <input type="checkbox"/> Weekend <input type="checkbox"/> Summer		

Check each of the following in which you have experience and operating skill:				
Indicate Skill Level as: L (limited) I (intermediate) P (proficient)				
COMPUTER			MISCELLANEOUS	SKILL
SYSTEM /HARDWARE	SOFTWARE	SKILL	<input type="checkbox"/> Ten-key/calculator	
			<input type="checkbox"/> Dictaphone	
			<input type="checkbox"/> CRT/Data Entry	
			<input type="checkbox"/> Switchboard	
			<input type="checkbox"/> Shorthand _____ wpm	
			<input type="checkbox"/> Typing _____ wpm	

Do you have any other experience, skills or qualifications (including special study, research or training) which you feel would benefit ENERGY PARTNERS? If so, please explain.

Do you have any mechanical experience or experience in a skilled trade? If so, please explain.

EDUCATION

Choose highest year of school completed in each category.	HIGH SCHOOL 9 10 11 12	COLLEGE/UNIVERSITY	GRADUATE SCHOOL 1 2 3 4 5				
Name of School (city/state)	Major Studies	Did you graduate? Yes or No	Degree/ Major	Cumulative GPA (A = 4.0)			
High School							
Business, Trade or Correspondence							
College (undergraduate)							
College (undergraduate)							
Graduate School							
SCHOLASTIC HONORS, SCHOLARSHIPS, ASSISTANTSHIPS, ETC.							
ARE YOU CURRENTLY ATTENDING SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?							
IF FOREIGN LANGUAGE IS LISTED ON THE JOB DESCRIPTION, PLEASE DESCRIBE YOUR FOREIGN LANGUAGE SKILLS:							

EMPLOYMENT HISTORY

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR VERIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	MAY WE CONTACT YOU AT YOUR PLACE OF BUSINESS? <input type="checkbox"/> Yes <input type="checkbox"/> No Telephone
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Please provide the following information concerning your previous employers for the past five (5) years (start with the most recent and work backward).

DATES/SALARY	1. Full name of employer 2. Street address 3. City, State, Zip Code	4. Type of business 5. Position title 6. Name of Supervisor/Telephone	DESCRIBE MAJOR RESPONSIBILITIES	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary
FROM (month/year)	1.			
	2.			
	3.			
TO (month/year)	4.			
	5.			
	6.			
Ending Salary	REASON FOR LEAVING		May we contact employer for verification? <input type="checkbox"/> Yes <input type="checkbox"/> No	
FROM (month/year)	1. Full name of employer 2. Street address 3. City, State, Zip Code	4. Type of business 5. Position title 6. Name of Supervisor/Telephone		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary
	1.			
	2.			
	3.			
TO (month/year)	4.			
	5.			
	6.			
Ending Salary	REASON FOR LEAVING		May we contact employer for verification? <input type="checkbox"/> Yes <input type="checkbox"/> No	

DATES/SALARY	1. Full name of employer 2. Street address 3. City, State, Zip Code	4. Type of business 5. Position title 6. Name of Supervisor/Telephone	DESCRIBE MAJOR RESPONSIBILITIES	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary
FROM (month/year)	1.			
	2.			
	3.			
TO (month/year)	4.			
	5.			
	6.			
Ending Salary	REASON FOR LEAVING		May we contact employer for verification? <input type="checkbox"/> Yes <input type="checkbox"/> No	

BUSINESS/PROFESSIONAL REFERENCES

NAME	TITLE	COMPANY	TELEPHONE NUMBER

OTHER PERSONAL HISTORY

<p>Have you ever been convicted of a crime, excluding summary offenses, sealed convictions, and convictions which have been expunged, in the past seven (7) years? (See below) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Conviction of a crime will not necessarily disqualify you from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making employment decisions.</p> <p>If your answer is "yes", please explain the circumstances surrounding such offense, including place, date, name of court, etc.</p>

UNDERSTANDING REGARDING CONDITIONS OF EMPLOYMENT

I certify that the facts contained in this application are true and correct to the best of my knowledge and I understand that, if I am employed, false or concealed statements on this application shall be grounds for dismissal, no matter when discovered.

I understand that this employment application is valid for the position applied for at the present and that ENERGY PARTNERS LLC is not obligated to retain or consider this application for future openings.

I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time for any reason or no reason at all, without prior notice. I also understand that no representative of ENERGY PARTNERS LLC other than an officer of ENERGY PARTNERS has the authority to enter into any agreement to the contrary, and then only if such agreement is in a written and signed document.

I understand that this application does not guarantee a current job opening and does not obligate ENERGY PARTNERS LLC to hire me.

I understand that, if hired, I will be required to furnish proof of identity and right to work in the United States. An employee's failure to provide a valid Social Security Number for wage report purposes may result in personnel action up to and including termination.

SIGNATURE	DATE