



Application For Employment

Sunoco, Inc. (R&M)

All qualified persons will receive consideration without regard to race, color, religion, sex, national origin, age, disability, veteran status, genetic information or any other characteristic protected by federal, state or local law.

Employment At Will

Should you become an employee of Sunoco, Inc. (R&M) or its subsidiaries, you will be an employee at will. This means either you or the Company may terminate your employment at any time, with or without notice, and with or without cause or reason. Nothing contained in this application or the Company's employee handbooks, guidelines, policies, procedures, and practices creates any contracts of any kind between the Company and its employees, except as provided in the Sunoco Employee Resolution in Action ("ERA") Program. The Company has the right at any time, with or without notice, to change any of its employee handbooks, guidelines, policies, procedures, practices, compensation, working conditions or benefits, except as otherwise provided for in the ERA or DRP Programs or applicable law. For employees covered under a collective bargaining agreement, the terms of the collective bargaining agreement will govern.

Name – Last	First	Middle	Social Security Number
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Current Mailing Address – Street	City	State	ZIP Code
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Home Address (If different from above) – Street	City	State	ZIP Code
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Phone Number (Include Area Code) Home	Phone Number (Include Area Code) Office Or School
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E-mail Address

Indicate position you are applying for:

Position desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer/Co-op Shift(s) Available: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Late Night <input type="checkbox"/> Weekends

Would you relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you travel on Company business? <input type="checkbox"/> Yes <input type="checkbox"/> No
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List geographical work preferences	% Travel Acceptable
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When will you be available for employment?
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Were you ever employed by a Sunoco Company or subsidiary? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employment Classification	If yes, specify location, department, position, date of employment	
	<input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Location	Department
	<input type="checkbox"/> Part-Time <input type="checkbox"/> Summer / Co-op	Position	Employment Dates

How did you hear about us?	<input type="checkbox"/> Self Initiated	<input type="checkbox"/> Newspaper Ad (specify)	<input type="checkbox"/> State / Community Agency (specify):
	<input type="checkbox"/> Sunoco, Inc. Website	<input type="checkbox"/> Employment Agency (specify)	<input type="checkbox"/> College Placement Office (specify):
	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Other website (specify):	<input type="checkbox"/> Employee Referral
	<input type="checkbox"/> Recruiter	<input type="checkbox"/> Job Fair	<input type="checkbox"/> Spider

Are you eligible to work in the U.S.?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

For Office Use Only

Reg. ID / Job Title	Location	Date
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Education

Type Of School	School (Name, City & State)	Degree Received Y N	YR Received	Degree Expected	Grade Point Average	Type Of Degree / Major
High School	Name					
	City State					
College, University Or Other	Name					
	City State					
Graduate	Name					
	City State					

List other skills, achievements, honors pertinent to job.

References

List two references

Name	Company / School	Telephone	Department	Address



Employment Record

In the spaces below state your past employment (including military) showing your most recent employment first. This history may include any verifiable work performed on a volunteer basis.

From		To		Brief description of your duties and responsibilities
Month	Year	Month	Year	
Employer				
Street Address				
City			State	
Phone Number ()				
Type of Business				
Your Position				
Supervisor's Name				
Annual Salary		Base		
Other Compensation (bonus, overtime, etc.)				

From		To		Brief description of your duties and responsibilities
Month	Year	Month	Year	
Employer				
Street Address				
City			State	
Phone Number ()				
Type of Business				
Your Position				
Supervisor's Name				
Annual Salary		Base		
Other Compensation (bonus, overtime, etc.)				

From		To		Brief description of your duties and responsibilities
Month	Year	Month	Year	
Employer				
Street Address				
City			State	
Phone Number ()				
Type of Business				
Your Position				
Supervisor's Name				
Annual Salary		Base		
Other Compensation (bonus, overtime, etc.)				

For applications used in Massachusetts: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.



I certify that I have read, understand and agree with the statements contained in this application. The information provided by me in this application and during the interview process is true and correct. I understand and agree that any false statement or omissions on this application or elsewhere or receipt of unsatisfactory references will result in the immediate withdrawal of any offer of employment. Furthermore, I understand and agree that if false statements or omissions in my pre-employment disclosures or unsatisfactory references are discovered after I am employed, I will be subject to disciplinary action, including immediate discharge without warning.

I authorize investigation of all statements contained in this application. I hereby consent to the Company contacting any and all former and current employers (unless otherwise indicated), references, schools and others listed in my application or resume. I authorize any and all former and current employers, references, schools and others to provide any information they may have concerning my background. I hereby release the Company and my previous and current employers, references, schools and others from any liability as a result of such contact and release of information.

In the event that I am offered a position with the Company, I understand that I will be required to undergo a medical examination at the Company's expense at an authorized facility before commencing employment. As part of this examination, the Company may obtain injury and illness records and medical information. In addition, after an offer of employment, the Company reserves the right to require substance abuse testing of all job applicants for the presence of controlled substances (drugs). I will authorize the release of the results of these tests to the Company. I understand that refusal to submit to testing, a positive test result and/or adulteration of a sample is grounds for my rejection and withdrawal of any pending employment offer.

In the event that I am offered a position with the Company, it will be my responsibility to ensure that I am legally employable in the United States. I understand that I will be required to submit documentation verifying my eligibility to work in the United States, as required by the Federal Immigration Reform and Control Act of 1986

Signature of Applicant

Date