

TALLGRASS

An Equal Opportunity Employer

Application for Employment

Please read before completing this application:

It is the policy of TALLGRASS to provide equal opportunity to all qualified persons without regard to citizenship, race, color, creed, religion, sex, age, sexual orientation, national origin, disability or handicap, or veteran status.

This application will be given every consideration, but its receipt does not imply that there are any positions open, or that an applicant will be employed. Only applicants meeting the minimum requirements for a position as determined by TALLGRASS will be considered for employment. Should more than one qualified person make application, TALLGRASS reserves the right to select the applicant, in its opinion, with the best qualifications.

Name: _____
Last First Middle

Present Address: _____
Number Street

City State Zip

How long have you lived at this address? _____

Telephone Number: _____ Social Security Number: _____

Position Applied For: _____ Full Time: ___ Part Time: ___

Are you able to perform all the job-related functions of the job? Yes ___ No ___

If no, please describe: _____

Have you ever been convicted of a felony? _____ If yes, please explain: _____

(Conviction of such a crime does not constitute an absolute bar to employment)

Name and phone number of person to notify in case of emergency:

Education

School	Name & Address of School	Highest Grade Completed	Course of Study	Diploma or Degree
High School				
College				
Other (specify)				

For Administrative Personnel Only:

Word Processing _____	Email _____	Internet _____	Spreadsheet _____
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For Professional Personnel Only:

Licensed As: _____
State _____ Current License No: _____
State _____ Current License No: _____
Have any license privileges been suspended or revoked? _____
If so, why and where? _____

Employment Record

Starting with present or most recent, list all previous employers: Include self-employment, summer, part-time jobs and any period of unemployment. If you need more space, please continue on a separate sheet. Please indicate any change of name or assumed name used in work experiences. Any gaps in information will cause this to be rejected as an incomplete application.

1.

<p>Name and Address of Company</p> <hr/> <hr/> <hr/> <p>Phone: _____</p> <p>Ending Salary: \$ _____</p>	<p>Employed from: _____ to _____</p> <p>Position held: _____</p> <p>Name of Supervisor: _____</p> <p>Description of duties: _____</p> <hr/>
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2.

<p>Name and Address of Company</p> <hr/> <hr/> <hr/> <p>Phone: _____</p> <p>Ending Salary: \$ _____</p>	<p>Employed from: _____ to _____</p> <p>Position held: _____</p> <p>Name of Supervisor: _____</p> <p>Description of duties: _____</p> <hr/>
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3.

<p>Name and Address of Company</p> <hr/> <hr/> <hr/> <p>Phone: _____</p> <p>Ending Salary: \$ _____</p>	<p>Employed from: _____ to _____</p> <p>Position held: _____</p> <p>Name of Supervisor: _____</p> <p>Description of duties: _____</p> <hr/>
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4.

<p>Name and Address of Company</p> <hr/> <hr/> <hr/> <p>Phone: _____</p> <p>Ending Salary: \$ _____</p>	<p>Employed from: _____ to _____</p> <p>Position held: _____</p> <p>Name of Supervisor: _____</p> <p>Description of duties: _____</p> <hr/>
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If you are now employed, may we contact your employer? Yes _____ No _____

Have you previously worked for TALLGRASS? _____

If so, when? _____

If presently employed, why do you desire to change your position? _____

Personal References

Names of three persons, not relatives, who may be contacted at the present time:

Name	Address	Telephone	Occupation

I authorize investigation of all statements contained in this application (if I am considered for employment) and hereby authorize previous employers, personal references named, or any other person or persons to whom the company may refer, to give any and all information regarding my background if requested. I authorize TALLGRASS to obtain information regarding my professional licensure, professional society memberships, medical malpractice payment history, and clinical privileges from any organization or agency that may hold such information, including, but not limited to, the state licensure board and the National Practitioner Data Bank. I understand that the investigation by TALLGRASS may include a review of public records related to me, including records of civil, criminal, or bankruptcy proceedings, and a criminal history record. I authorize TALLGRASS to obtain, and any agency holding my criminal history record to release, a copy of my criminal history record for this purpose.

In the event of my employment to a position at TALLGRASS, I will comply with all rules and regulations as set forth in TALLGRASS policy manual or other communications distributed to all employees. If a job offer is made, I agree to complete a health evaluation which may include a physical examination by a doctor selected by TALLGRASS (at TALLGRASS's expense). Additionally, I authorize TALLGRASS to supply my employment record in whole or in part to only those agencies having legal and proper interest. Also, in the event of my employment by TALLGRASS, I grant permission to use my photograph in connection with its advertising and public relations programs.

I hereby certify that I have read all of the above statements and understand the same and that all statements made by me are true and accurate to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that any false statements or material omissions may be grounds for refusal to hire, or for immediate dismissal. I certify that I am at least 18 years old and am legally authorized to work in the United States.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between TALLGRASS and myself for either employment or the providing of any benefit. I further understand that if I am employed by TALLGRASS or subsidiaries of Tallgrass, that my employment will be for no definite term (at-will) and that I, or TALLGRASS, will have the right to terminate the employment relationship at any time, with or without cause. I also understand that this status can only be altered by a written contract of employment which is specific to all material terms and is signed by me and TALLGRASS.

I understand that as a condition to this application and any employment with TALLGRASS I may be required to submit to testing for the presence of drugs or alcohol. I hereby consent to such testing. I further acknowledge that no promises regarding employment have been made to me, and that no promise or guarantee is binding upon TALLGRASS unless made in a written contract as described above.

Applicant's Signature

Date

NOTICE TO APPLICANTS

Attachment A

Tallgrass is firmly committed to maintaining a drug-free workplace. Consistent with that objective, we require all applicants accepted for employment to pass an alcohol and drug test in addition to a health assessment as part of our employment process. **Please be advised that all offers of employment are contingent upon satisfactory results of a drug screening test and of the health assessment including tests for TB and a review of the physical demands of the position offered to the applicant.** Applicants who refuse to sign the following Agreement will not be considered for employment. Those applicants who test positive for drug usage will be denied employment at Tallgrass.

DRUG SCREENING AND HEALTH ASSESSMENT AGREEMENT

I understand and agree that any offer of employment made to me by Tallgrass is contingent upon the outcome of drug testing and health assessment.

I understand that if I fail to pass the drug/alcohol screen, e.g., if my urine specimen is positive for controlled substances or if my urine specimen shows any evidence of alteration or substitution, I will be disqualified from further employment consideration with Tallgrass. I understand and agree that my failure or refusal to sign this Agreement or to provide a specimen for analysis at the time requested will also disqualify me from further employment consideration with Tallgrass.

Signature of Applicant

Date

Name (please print)