



EMPLOYMENT APPLICATION

PLEASE PRINT OR TYPE

PERSONAL

| | | | |
|--|------------|-------------|--|
| LAST NAME | FIRST NAME | MIDDLE NAME | AREA CODE AND HOME PHONE NO. |
| CURRENT MAILING ADDRESS (Street, City, State and Zip Code) | | | OTHER PHONE NO. WHERE YOU CAN BE REACHED |

PERMANENT ADDRESS (Street, City, State and Zip Code) IF DIFFERENT FROM ABOVE

| | |
|--|--|
| ARE YOU 18 OR OVER? | CAN YOU PROVIDE DOCUMENTATION TO VERIFY YOUR IDENTITY AND LEGAL AUTHORITY TO WORK IN THE U.S. FOR NEXEN? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

POSITION APPLYING FOR

| | |
|---|---|
| FOR WHAT POSITION OR TYPE OF WORK ARE YOU APPLYING? LIST UP TO THREE | ARE YOU INTERESTED IN: |
| 1. _____ | <input type="checkbox"/> Fulltime <input type="checkbox"/> 1st Shift |
| 2. _____ | <input type="checkbox"/> Parttime <input type="checkbox"/> 2nd Shift |
| 3. _____ | <input type="checkbox"/> Temporary <input type="checkbox"/> 3rd Shift |
| | <input type="checkbox"/> Summer |

| | |
|--|--------------------------------------|
| HAVE YOU EVER WORKED AT NEXEN? | NEXEN LOCATION WHERE YOU LAST WORKED |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| If Yes, Dates _____ to _____ | |

IF APPLYING FOR A MANUFACTURING SUPPORT POSITION, LIST APPLICABLE SKILLS AND SOFTWARE THAT YOU ARE FAMILIAR WITH.

IF APPLYING FOR A PRODUCTION POSITION

List machines you operate _____

List machines you can set up _____

Do you read blueprints? _____ Precision measuring instruments? _____

THIS COMPANY DOES NOT DISCRIMINATE IN HIRING OR EMPLOYMENT ON THE BASIS OF RACE, COLOR, RELIGION, CREED, NATIONAL ORIGIN, ANCESTRY, SEX, MARITAL STATUS, STATUS WITH REGARD TO PUBLIC ASSISTANCE, AGE, DISABILITY, OR OTHER PROTECTED CLASS STATUS. THE INFORMATION OBTAINED ON THIS APPLICATION WILL BE USED SOLELY FOR PURPOSES WHICH ARE CONSISTENT WITH NEXEN POLICIES AND APPLICABLE LAW. NEXEN IS AN EQUAL OPPORTUNITY EMPLOYER.

For Office Use Only

TODAY'S DATE _____

NAME: LAST, FIRST, M.I. _____

[illegible]

[illegible]

AUTHORIZATION AND ACKNOWLEDGEMENT

I authorize an inquiry to be made on the information contained in this application if I am considered for employment.

Former employers and educational institutions named herein are authorized to give information about me. I hereby release them from all liability for issuing such information. I hereby waive any privilege I have to such information.

I understand that any offer of employment with Nexen may be conditioned on my undergoing a physical examination, including a medical history where necessary, for the purpose of determining my capability to perform the job, pursuant to Company policy and applicable law. I further understand that any offer of employment with Nexen may be conditioned on my undergoing a drug and alcohol test, and that if employed, I may be subject to future drug and alcohol tests, pursuant to Company policy and applicable law.

I understand and acknowledge that if any misrepresentation or omission of material facts have been made by me or the results of any investigation are not satisfactory for any reason, any consideration, offer, or actual employment by the company may be terminated immediately without obligation or liability to me other than payment at the rate agreed upon, for service actually rendered, if I had been employed.

I understand that nothing contained in this employment application or in the granting of an interview, and no Company policies, guidelines, or handbooks that I might receive, are intended to create an employment contract between the Company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Nexen unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that Nexen retains a similar right. I also understand that if I am hired in an exempt position, I will be required to sign an employee confidentiality, assignment, and post employment restrictions agreement as a condition of my employment.

Applicant's Signature _____ Today's Date _____

Please email this completed application to employment@nexengroup.com

Protection and dissemination of personal information entered on this form shall be limited to the intended purpose of this form in accordance with the corporation's policies on protection of data privacy in employment records.