

## JET Program Application

### Applicant Information

Last Name:		First Name:	
Street Address:			
City		State:	Zip Code:
Home Phone:		Cell Phone:	
Email Address:			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain:			
How did you hear about the JET program?			
Please select the program and discipline of interest.			
<u>Program (Select One)</u>		<u>Discipline (Select One)</u>	
<input type="checkbox"/> Job Shadow		<input type="checkbox"/> Field Specialist (Upstream)	
<input type="checkbox"/> Internship		<input type="checkbox"/> Field Specialist (Midstream)	
<input type="checkbox"/> Apprenticeship		<input type="checkbox"/> Electrical & Instrumental	
		<input type="checkbox"/> Mechanical Maintenance	
		<input type="checkbox"/> Job Shadow _____ (Discipline)	
		<input type="checkbox"/> Office Based _____ (Discipline)	

### Education

Are you currently a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate the school, current level, and anticipated graduation date.
<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior
Anticipated Graduation Date:
If attending a post-secondary program, please list your concentration/degree track:

### Work Experience

What is your current employment status? <input type="checkbox"/> Part-Time <input type="checkbox"/> Full Time <input type="checkbox"/> Not Employed
Current or most recent paid position held:

**Military Service**

Special employer incentives are available to eligible veterans. Please provide the following information, so we may assess your eligibility.

Are you current or retired military? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide years of service and line of service:

**Personal Information (attach a cover letter if applicable)**

Why are you interested in participating in the JET program?
Describe your long-term career goals.

**Professional References (Only if applying for Internship or Apprenticeship)**

Name	Relationship	Email/Phone Number

**Supporting Documentation**

Please attach the listed supporting documentation for the program track.

Job Shadow	Internship	Apprenticeship
<input type="checkbox"/> Completed Site Visitation Release and Indemnity Agreement.	<input type="checkbox"/> Letter of support from guidance counselor or equivalent. <input type="checkbox"/> Unofficial transcript.	<input type="checkbox"/> Resume <input type="checkbox"/> Letter of recommendation. <input type="checkbox"/> Unofficial transcript

**Voluntary Demographic Information**

As part of the program Chevron is asked to track data to align with federal and state affirmative action laws.

Providing this information is voluntary and will not be used in any selection decisions

Race	Ethnicity	Gender
<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian/Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer

**Disclaimer & Signature**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to an apprenticeship, I understand that false or misleading information may result in my termination from the program.

Signature:		Date:	
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### SITE VISITATION RELEASE AND INDEMNITY AGREEMENT

In consideration of Chevron Corporation, hereinafter referred to as "Company," allowing me on property owned, operated or leased by Company and/or its affiliates or co-lessees (the "Facilities"), including but not limited to \_\_\_\_\_, \_\_\_\_\_ County, North Dakota, for visitation, I agree as follows:

I represent that I am generally familiar with operations of the type conducted at these Facilities, and will conduct my activities in a careful and prudent manner giving full regard to the safety of persons and property. I agree that, while visiting the Facilities and Company's premises, I will comply with all of Company's rules and directions, including but not limited to safety rules, and all rules, regulations and standards of all applicable state and federal laws, including the Occupational Safety and Health Act (OSHA), and in particular with rules respecting my use of OSHA-approved and required protective equipment such as hard hats, safety glasses, fire retardant clothing, gloves, and any other personal protective equipment.

I agree that entry on such Facilities is at my sole risk. **I assume the risk of all damage, loss, costs and expense and agree to indemnify, defend and hold harmless Company, its affiliates, co-lessees, officers, directors, agents, contractors, invitees, representatives, and employees from and against any and all liability, damage, loss, cost and expense which may accrue to or be sustained by Company, its affiliates, co-lessees, officers, directors, contractors, invitees, representatives, agents, and employees, for the death of or injury to persons or damage to property, which is sustained in connection with my visit to the Facilities, arising from any cause whatsoever, including the negligence or strict liability of Company, its affiliates, co-lessees, officers, directors, agents, contractors, invitees, representatives or employees, and including without limitation falls from scaffolding, ladders, catwalks, beams, or other high places; mishaps involving cranes, booms, seagoing vessels, elevators, helicopters or other equipment; injuries resulting from electrical shock; and failure of or defect in the premises or any equipment, instrument or device supplied to me by Company or its co-lessees.**

On my behalf and on behalf of my heirs and assigns, I hereby release any and all claims and waive all rights to make claims or file suit against Company, its affiliates, co-lessees, officers, directors, agents, contractors, invitees, representatives and employees from any and all liability, damage, loss, cost and expense of any kind, arising from any cause whatsoever, **including the negligence or strict liability of Company, its affiliates, co-lessees, officers, directors, agents, contractors, invitees, representatives and employees.**

Furthermore, all rights I may have under Section 9-13-02 of the North Dakota Century Code are expressly waived. Section 9-13-02 states:

**9-13-02. Extension to known claims.** A general release does not extend to claims which the creditor does not know or suspect to exist in the creditor's favor at the time of executing the release, which if known by the creditor, must have materially affected the creditor's settlement with the debtor.

Therefore, for the purpose of implementing a full, final, and complete release, I expressly acknowledge that this Release includes, without limitation, all claims that are known or unknown and this Release contemplates the extinguishment of any such claim or claims as to the Company Company, its affiliates, co-lessees, officers, directors, agents, contractors, invitees representatives and employees.

"Affiliate" means any corporation, partnership, or other legal entity, that now or hereafter controls, is controlled by, or is under common control with Company. Control means ownership of 50 percent or more of the voting rights in a corporation, partnership or other legal entity. The term "affiliate" includes legal entities formed in the future by acquisition, reorganization, merger or otherwise.

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Signature (Individual)

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Printed Name

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Date