

APPLICATION FOR EMPLOYMENT

Chesapeake Resources, Inc., in accordance with applicable law, does not discriminate in hiring or otherwise in employment on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristic or status protected by law.

(PLEASE PRINT)

| Position(s) Applied For | Date of A | pplication | |
|--|---------------------------|--------------------------|----------------------|
| | | | |
| Last Name First Name | Middle Name | | |
| | 21.1 | | |
| Address City | State | Zip Code | |
| Telephone Number(s) | Social Security Number | or. | |
| | | | |
| | | | |
| Best time to contact you at your preferred telephone number: | | :/ | AM/PM |
| Are you at least 18 years of age? If you are under 18, you may need to supply the company with a work permit or | | ☐ Yes permitted by la | D No |
| Have you ever filed an application with us before? If Yes, give date: | | Yes | 🗆 No |
| Have you ever been employed with us before? If Yes, give dates: | | 🛛 Yes | 🖵 No |
| Are you currently employed? | | 🛛 Yes | 🗖 No |
| May we contact your present employer prior to a job offer? | | 🛛 Yes | 🗖 No |
| Are you legally eligible for employment in the U.S.A.? If you are offered and accept a position, you will be required, in accordance with work in the United States and to complete Form I-9. Employment will be conting | United States law, to pro | | □ No authority to |
| Date available for work// What is your de | esired salary range? | | |
| Indicate when you are available to work: Full-Time Part-Time Temporary | Evenings | Weekend | ls |
| Are you currently on "lay-off" status and subject to recall? | | 🛛 Yes | 🗖 No |
| Can you travel if a job requires it? | | 🛛 Yes | 🗖 No |
| Have you ever been convicted of or pleaded guilty or no contest expunged from your record? A yes answer will not necessarily disqualify an applicant from employment. If Yes, please explain: | | e which has Yes | s not been □ No |
| Have you ever been terminated or asked to resign from any prio | r employment? | □ Yes | □ No |
| Have you signed an agreement with another employer that migh Chesapeake or have a bearing on your employment with Chesa non-compete agreement? | peake, such as a no | | |
| If Yes, please explain: | | | |

EDUCATION and EXPERIENCE

| | Name of School and Location (City & State) | Course of Study | No. of Years Completed | Diploma or Degree Granted |
|--------------------------|--|-----------------------|------------------------------|---------------------------------|
| High School | | | | |
| Undergraduate College | | | | |
| Graduate Professional | | | | |
| Other (Specify) | | | | |

Describe any special qualifications, skills, training, apprenticeship, or experience that you believe are relevant to the position being applied for or which could be beneficial to the company?

You may exclude memberships or information which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected characteristic or status.

List job-related professional, trade, or other business organizations to which you belong and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected characteristic or status:

EMPLOYMENT EXPERIENCE

Start with your present job, or your most recent job if you are not currently employed.

| Employer | | Dates F | mployed | Work Performed |
|---|--|---|--|----------------|
| | | From | То | |
| | | | 10 | |
| Address | | | | |
| Telephone Number(s) | | Hourly Ra | ate/ Salary | |
| | | Starting | Final | |
| Job Title | Supervisor | | | |
| Were there any disciplinary | | | | |
| employment? Yes Reason for Leaving | NO | - | | |
| | | | | |
| Employer | | | Employed | Work Performed |
| | | From | То | |
| Address | | | | |
| Telephone Number(s) | | Hourly Ra | ate/ Salary | |
| | | Starting | Final | |
| Job Title | Supervisor | | | |
| Were there any disciplinary | | _ | | |
| employment? Yes | No | _ | | |
| Reason for Leaving | | | | |
| | | | | |
| Employer | | Dates E | mployed | Work Performed |
| Employer | | Dates E From | mployed To | Work Performed |
| Employer Address | | | | Work Performed |
| Address | | From | То | Work Performed |
| | | From Hourly Ra | | Work Performed |
| Address | Supervisor | From | To ate/ Salary | Work Performed |
| Address Telephone Number(s) Job Title | | From Hourly Ra | To ate/ Salary | Work Performed |
| Address Telephone Number(s) | problems during your | From Hourly Ra | To ate/ Salary | Work Performed |
| Address Telephone Number(s) Job Title Were there any disciplinary | problems during your | From Hourly Ra | To ate/ Salary | Work Performed |
| Address Telephone Number(s) Job Title Were there any disciplinary employment? | problems during your | From Hourly Ra Starting | To ate/ Salary Final | |
| Address Telephone Number(s) Job Title Were there any disciplinary employment? Yes | problems during your | From Hourly Ra Starting | To ate/ Salary | Work Performed |
| Address Telephone Number(s) Job Title Were there any disciplinary employment? 		Yes Reason for Leaving Employer | problems during your | From Hourly Ra Starting Dates E | To ate/ Salary Final | |
| Address Telephone Number(s) Job Title Were there any disciplinary employment? 		Yes 		Pes Reason for Leaving Employer Address | problems during your | From Hourly Ra Starting Dates E From | To ate/ Salary Final | |
| Address Telephone Number(s) Job Title Were there any disciplinary employment? 		Yes Reason for Leaving Employer | problems during your | From Hourly Ra Starting Dates E From Hourly Ra | To ate/ Salary Final Employed To | |
| Address Telephone Number(s) Job Title Were there any disciplinary employment? 		Yes 		Pes Reason for Leaving Employer Address | problems during your | From Hourly Ra Starting Dates E From | To ate/ Salary Final | |
| Address Telephone Number(s) Job Title Were there any disciplinary employment? 		Yes 		Pas Reason for Leaving Employer Address Telephone Number(s) Job Title Were there any disciplinary | problems during your No Supervisor problems during your | From Hourly Ra Starting Dates E From Hourly Ra | To ate/ Salary Final Employed To | |
| Address Telephone Number(s) Job Title Were there any disciplinary employment? 		Yes 		Particles Reason for Leaving Employer Address Telephone Number(s) Job Title | problems during your No Supervisor problems during your | From Hourly Ra Starting Dates E From Hourly Ra | To ate/ Salary Final Employed To | |

If you need additional space, please continue on a separate sheet of paper.

| State any additional information you feel may be helpful to us in considering your application. |
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REFERENCES

(Please list two professional and one personal reference)

| 1 | (Name) | (|) Phone # |
|---|--|---|---------------|
| 2 | (In what capacity does this individual know you?) (Name) | (| _) Phone # |
| 3 | (In what capacity does this individual know you?) (Name) | (| _) Phone # |
| | (In what capacity does this individual know you?) | | |

APPLICANT'S STATEMENT

I hereby certify that all information provided in this application is true and correct. I understand that any false or misleading statements contained in (or any omissions from) this application or my resume, provided in any interview(s) or otherwise made by me to Chesapeake Resources, Inc. (Chesapeake) will result in rejection of my application or, if Chesapeake has employed me, my discharge.

I authorize Chesapeake to investigate all information provided in this application and to secure desired information from any of my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and Chesapeake from any and all liability arising from their giving or receiving information about my employment, academic credentials, qualifications and/or suitability for employment with Chesapeake. I understand that any offer of employment is contingent upon a satisfactory evaluation of my employment history, background and references.

I understand Chesapeake is a drug-free workplace. I understand that an offer of employment may be conditioned on my taking and passing a test for the presence of illegal drugs and/or alcohol. I also understand that if I am employed by Chesapeake, Chesapeake may require that I be tested for illegal drugs and/or alcohol at any time.

If I am employed by Chesapeake, I will comply with all rules, regulations and policies of Chesapeake.

I understand that nothing in this application, in Chesapeake's policy statements or personnel guidelines (whether in a policy manual or elsewhere and whether written or oral), or in my communications with any Chesapeake employee is intended to create any employment or other contract between Chesapeake and me. I further understand that Chesapeake has and reserves the right to modify its policies at any time with or without giving me any notice of such changes.

I understand that if an employment relationship is established, it is an "at-will" relationship, meaning that I

have the right to terminate my employment at any time for any or no reason, and Chesapeake also has the right to terminate my employment at any time for any or no reason. I further understand that, although other terms and conditions of employment may change, this at-will employment relationship will remain in effect throughout employment with Chesapeake unless it is specifically modified by an express written employment agreement for a specified term executed by the President of Chesapeake and me; this at-will relationship may not be modified by any oral or implied promises or agreements.

I understand that this application is only valid for the position applied for at present and that Chesapeake is not obligated to retain or consider this application for any other current or future openings.

I hereby acknowledge that I have read and fully understand all of the above statements.

Signature of Applicant

Date

MARYLAND LIE DETECTOR NOTICE

UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. ANY EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

I hereby acknowledge that I have read and fully understand the above Maryland Lie Detector Notice.

Signature of Applicant

Date