



Application for Employment

Done Right. Right Now.

The Miner Corporation and its affiliates consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. We are an equal opportunity employer.

Last Name		First Name		Middle Name	
Address		City		State	Zip
Telephone Number(s)					

Position Applied for:		Date of Application:	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Web Site
<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____		

If you are under 18 years of age, can you provide required proof of eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If yes, please give an approximate date of application: _____

Have you ever been employed with us before? Yes No
 If yes, please give the date of your employment: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.) Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

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 been convicted of a felony within the last seven (7) years? Yes No
 Conviction will not necessarily disqualify applicant from employment.

If yes, please explain: _____

Education

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				

Please indicate any foreign languages you can speak, read and/or write: _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities: _____

Describe any job-related training received in the United States military: _____

Additional Information

Specialized Skills:

Please check skills/equipment operated from the list below:

PC Word Excel Fax Multi-line Phone System Keyboard Calculator

Other Production/Mobile Machinery (list): _____

Other Software, etc.: _____

Please share any additional information you feel may be helpful to us in considering your application.

Note: DO NOT answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities in the job or occupation for which you have applied? Yes No

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	<u>Dates Employed</u> From _____ To _____		Work Performed
Address	_____	_____	
Telephone Number(s)	<u>Hourly Rate/ Salary</u> Starting _____ Final _____		
Job Title	_____	_____	
Reason for Leaving	_____		

Employer	<u>Dates Employed</u> From _____ To _____		Work Performed
Address	_____	_____	
Telephone Number(s)	<u>Hourly Rate/ Salary</u> Starting _____ Final _____		
Job Title	_____	_____	
Reason for Leaving	_____		

Employer	<u>Dates Employed</u> From _____ To _____		Work Performed
Address	_____	_____	
Telephone Number(s)	<u>Hourly Rate/ Salary</u> Starting _____ Final _____		
Job Title	_____	_____	
Reason for Leaving	_____		

Employer	<u>Dates Employed</u> From _____ To _____		Work Performed
Address	_____	_____	
Telephone Number(s)	<u>Hourly Rate/ Salary</u> Starting _____ Final _____		
Job Title	_____	_____	
Reason for Leaving	_____		

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

List professional, trade, business or civic activities and offices held. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

References

Name		Phone	
Address	City	State	Zip

Name		Phone	
Address	City	State	Zip

Name		Phone	
Address	City	State	Zip

I certify the answers given herein are true and complete to the best of my knowledge.

I authorized investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

If employment is offered, I understand that it is temporary until all information is verified, and misstatement or omission of fact shall result in immediate dismissal.

I authorize the Company to investigate my past employment, medical history, educational background, involvement in prior litigations, criminal history, and driving records: I hereby release from liability and hold harmless Miner Corporation, any of its subsidiaries and any contributing firm, individual, organization or governmental agency or records depository and all of their officers, employees, and agents.

I specifically authorize the release of all available personal information, data and records from the following sources: former employers, individuals, United States district courts; city, county and state district courts, industrial accident boards, state attorney general's office, department of public safety (state police), educational institutions, federal bureaus and credit reporting agencies.

I understand that any inaccurate information provided about me shall not be the responsibility of Miner Corporation and that sole responsibility shall be attributed to the reporting agency.

I further authorize collection of my urine to determine the use of alcohol, drugs or controlled substances. In addition, I authorize the release of this information to the authorized individual at Miner Corporation.

I understand that the above sources will be utilized to determine my employability and I have carefully read and agree to all of the foregoing. I certify that all information provided by me on my employment application is true and complete.

Signature of Applicant

Date