

APPLICATION FOR EMPLOYMENT

Company QUICKSILVER CONTRACTING CO.

AN EQUAL OPPORTUNITY EMPLOYER

NOTE TO APPLICANT: Please complete this Form fully, honestly and accurately. Thank you.
We appreciate your interest in employment with this Company.

PERSONAL DATA

Date of Your Application _____ Date You Are Available to Start Work _____

Name (First, Middle, Last) _____

Address _____

Telephone: Residence _____ Business _____ Message _____

Driver's License No. _____ Social Security No. ____/____/____

Are You At Least 18 Years of Age? YES NO Are You Legally Eligible to Work in the U.S.A.? YES NO

Are you a Veteran of Military Service? YES NO If YES, please give branch, occupational specialty, and kind of discharge. _____

JOB INTEREST

For what job at this Company are you applying? (Please be specific.) _____

Who referred you to our Company, or what prompted your application here? _____

Are you willing to work shift work? YES NO Which is your shift preference? DAYS SWING GRAVEYARD

Is there a shift you are not willing to work? YES NO Are you willing to work rotating shifts? YES NO

If "Yes", which shift? DAYS SWING GRAVEYARD Are you willing to work weekends? YES NO

Have you ever worked for our Company before? YES NO

If YES, please give dates of employment, location, and job title _____

Have you ever applied for work with our Company before? YES NO

If YES, please give date and job for which you applied: _____

EDUCATION AND TRAINING Please complete for each school attended

	SCHOOL NAME/LOCATION	MAJOR COURSE OF STUDY	WRITE # OF YEARS ATTENDED & YES IF GRADUATED	IF YOU GRADUATED, GIVE DEGREE/CERTIFICATE & DATE (EXCEPT HIGH SCHOOL)
HIGH SCHOOL				
G.E.D. (IF APPLICABLE)				
TRADE SCHOOL				
COLLEGE				
OTHER				

Please list any currently valid and special motor vehicle, operator licenses or trade/craft certifications you hold.

You may comment on any other special qualifications you have related to this job or this company.

WORK HISTORY

PLEASE LIST YOUR JOBS IN THE EXACT ORDER OF OCCURRENCE

PLEASE BEGIN WITH CURRENT JOB OR MOST RECENT JOB IF UNEMPLOYED.

Name of Employer _____ Type of Industry _____
Employer's Location _____ Phone _____
Dates of Employment (from Mo/Yr) _____ (to Mo/Yr) _____
Your Job Title/Responsibility _____
Your Supervisor's Name & Title _____ Your Last Rate of Pay _____
Your Reason For Leaving (please be specific) _____

Name of Employer _____ Type of Industry _____
Employer's Location _____ Phone _____
Dates of Employment (from Mo/Yr) _____ (to Mo/Yr) _____
Your Job Title/Responsibility _____
Your Supervisor's Name & Title _____ Your Last Rate of Pay _____
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Your Supervisor's Name & Title _____ Your Last Rate of Pay _____
Your Reason For Leaving (please be specific) _____

PLEASE EXPLAIN ANY GAPS IN THE ABOVE DATES OF EMPLOYMENT (FROM ONE EMPLOYER TO ANOTHER) GREATER THAN THREE MONTHS USING ANY AVAILABLE SPACE ON THIS PAGE OR A SEPARATE PAGE.

JOB-RELATED BACKGROUND

1. Regarding the job for which you have applied, are you familiar with this job and do you understand the basic physical requirements needed to perform it? YES NO
2. If you answered YES to this question above, please answer this question: Are you physically able to perform this job safely and without a significant risk of substantial harm to yourself or to others? YES NO

Special Note/Section to Applicants with a Disability:

You may answer "yes" to this question (2) above if you can perform all essential functions of the job with or without reasonable accommodation. The Company will provide reasonable accommodation to a person with a disability.

However, you still are not required to identify yourself as a disabled person on this Application Form.

If you can perform the essential tasks of the job only with an accommodation then please respond to this question:

How would you perform the tasks, and with what accommodation(s)?

3. Please describe your SAFETY RECORD over the past three years. Also, please mention in this description any accidents or 'near misses' you have had during the past year.

4. The Company has for a goal and a standard for its employees the highest possible attendance. Please describe your ATTENDANCE RECORD over the past three years. Also, please mention in this description how many days off work you had during the last year for any reason.

AGREEMENT & RELEASE

PLEASE READ THE ENTIRE FOLLOWING SECTION BEFORE SIGNING.

Then please sign this form at the bottom of the page.

Also, please initial each section indicating you have read that section.

WITH THIS APPLICATION BY MY SIGNATURE BELOW I AGREE TO ALL OF THE FOLLOWING TERMS:

1. I certify that the information I have provided on this Application Form and on my resume (if any) is true to the best of my knowledge.

Regarding this application, I understand that if the Company determines that I have made any false statements, answers or any misrepresentation or any omission of significant information, the Company is entitled to reject my Application, or if hired, to terminate my employment.

Applicant's Initials _____

2. In the event I undergo a medical examination or evaluation as a part of the job placement process of the Company I agree to supply only information which is true to the best of my knowledge. Regarding this examination or evaluation, I understand that if the Company determines that I have made any false oral or written statements or answers or any misrepresentation or any omission of significant information to the Company or to the physician or to his or her representative, the Company is entitled to terminate my conditional or actual employment at any time.

Applicant's Initials _____

3. I authorize any person, school, current employer, past employer, physician or organization with knowledge of me or my work to provide the Company or its agent or representative with any information or opinion about me in response to an inquiry by the Company.

I release any such person, employer, physician or organization from any legal liability in making such statements or furnishing any and all information to the Company or to its representative or agent.

Applicant's Initials _____

4. I authorize the Company or its agent or representative to check references regarding my employment and investigate any of the statements or answers provided by me on this Application or made to a physician or his or her representative (in the event of a medical examination or evaluation). The only exception to this authorization is where I have specifically requested in writing on this Application Form on the date below that no such inquiry be made.

Applicant's Initials _____

5. I understand that my employment at this Company is on an "at will" (that is, mutual consent) basis. Therefore I agree that either I or the Company has the proper right to terminate my employment with or without cause at any time.

Applicant's Initials _____

I have read and understood, and I agree to this entire section above entitled AGREEMENT & RELEASE.

Signature _____

Date: _____