



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

This Application will be considered for employment only for the position stated below and becomes Void after 120 days if not renewed.

PLEASE PRINT IN INK

PERSONAL DATA

POSITION APPLYING FOR (AND FOR WHICH YOU ARE QUALIFIED)		ARE YOU WILLING TO WORK <input type="checkbox"/> MINE <input type="checkbox"/> PLANT <input type="checkbox"/> OFFICE WORK ONLY <input type="checkbox"/> ANYWHERE		I AM WILLING TO WORK ANY SHIFTS <input type="checkbox"/> YES <input type="checkbox"/> NO I CANNOT WORK THE FOLLOWING SHIFTS <input type="checkbox"/> DAY <input type="checkbox"/> ROTATING <input type="checkbox"/> EVENING <input type="checkbox"/> SATURDAY <input type="checkbox"/> MIDNIGHT <input type="checkbox"/> SUNDAY <input type="checkbox"/> OTHER EXPLAIN	
DATE OF APPLICATION					
DATE AVAILABLE TO START WORK	EARNINGS EXPECTED				
NAME (LAST, FIRST, MIDDLE/OTHER)				TELEPHONE NUMBER (HOME)	
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)				TELEPHONE NUMBER (WORK)	
PERMANENT ADDRESS (STREET, CITY, STATE, ZIP)				TELEPHONE NUMBER (EMERGENCY)	
ARE YOU AT LEAST 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A PERMANENT LEGAL RESIDENT OF THE U.S.A.? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF HIRED, CAN YOU FURNISH PROOF YOU ARE ELIGIBLE TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		EMAIL ADDRESS	
HAVE YOU EVER APPLIED TO ERP COMPLIANT FUELS OR ITS SUBSIDIARIES? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN AND WHERE	HAVE YOU EVER BEEN EMPLOYED BY ERP COMPLIANT FUELS OR ITS SUBSIDIARIES? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN AND WHERE		
DO YOU HAVE ANY FAMILY OR OTHER RELATIONSHIP WITH THE HIRING MANAGER FOR THIS POSITION WHICH COULD RESULT IN OR GIVE THE APPEARANCE OF A CONFLICT OF INTEREST? <input type="checkbox"/> YES <input type="checkbox"/> NO		PLEASE LIST INDIVIDUALS			
ARE YOU WILLING TO TAKE A POST-OFFER PHYSICAL EXAMINATION AT OUR EXPENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU WILLING TO TAKE A POST-OFFER DRUG TEST & BACKGROUND CHECK AT OUR EXPENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WERE YOU A MEMBER OF THE ARMED SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EDUCATIONAL DATA

	SCHOOL ATTENDED	NUMBER OF YEARS COMPLETED	DIPLOMA, DEGREE OR CERTIFICATE
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			
BUSINESS, TRADE, NIGHT OR CORRESPONDENCE			
GRADE POINT AVERAGE	UNDERGRADUATE _____ GRADUATE _____	OUT OF _____ POSSIBLE _____ OUT OF _____ POSSIBLE _____	IF COLLEGE WAS COMPLETED IN PAST 3 YEARS, PLEASE ATTACH A TRANSCRIPT.
SCHOLARSHIP HONORS (HONOR SOCIETIES, SCHOLARSHIPS, FELLOWSHIPS, ETC.)		CAMPUS ACTIVITIES (CLASS OFFICES, SPORTS, ETC.)	
MEANS OF FINANCING COLLEGE EDUCATION			
g.i. _____ %		WORK _____ %	SCHOLARSHIP _____ % OTHER _____ %
LIST PROFESSIONAL, TRADE BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD (EXCLUDE ORGANIZATIONS AND MEMBERSHIPS WHICH REVEAL RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, DISABILITY OR PROTECTED STATUS)			

REFERENCES

PLEASE LIST TWO OR MORE REFERENCES (NOT RELATIVES) WHO ARE FAMILIAR WITH YOUR JOB PERFORMANCE OR EDUCATION DURING THE PAST TWO YEARS/RECENT GRADUATES SHOULD INCLUDE THE NAMES OF AT LEAST TWO PROFESSORS UNDER WHOM THEY STUDIED.

NAME	EMAIL ADDRESS	TELEPHONE NUMBER	OCCUPATION	YEARS KNOWN



Can we contact your present employer? ____ Yes ____ No

Include Telephone Number of Immediate Supervisor

Include Relationship of Reference (i.e. Supervisor, Co-Worker)

EMPLOYMENT HISTORY (LAST EMPLOYER FIRST)

DATE LEFT	COMPANY NAME	SALARY FINAL/PRESENT	YOUR RESPONSIBILITIES
DATE STARTED	ADDRESS (NUMBER AND STREET)	SALARY STARTING	
YOUR POSITION TITLE	CITY, STATE AND ZIP CODE	IMMEDIATE SUPERVISOR AND TITLE	REASON FOR LEAVING OR WANTING TO LEAVE

DATE LEFT	FIRST NAME	SALARY FINAL/PRESENT	YOUR RESPONSIBILITIES
DATE STARTED	ADDRESS (NUMBER AND STREET)	SALARY STARTING	
YOUR POSITION TITLE	CITY, STATE AND ZIP CODE	IMMEDIATE SUPERVISOR AND TITLE	REASON FOR LEAVING OR WANTING TO LEAVE

DATE LEFT	FIRST NAME	SALARY FINAL/PRESENT	YOUR RESPONSIBILITIES
DATE STARTED	ADDRESS (NUMBER AND STREET)	SALARY STARTING	
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YOUR POSITION TITLE	CITY, STATE AND ZIP CODE	IMMEDIATE SUPERVISOR AND TITLE	REASON FOR LEAVING OR WANTING TO LEAVE

SPECIAL QUALIFICATIONS

MICROSOFT OFFICE SKILLS (STATE YOUR EXPERIENCE LEVEL: B – BEGINNER, I – INTERMEDIATE, A – ADVANCED)	OFFICE SKILLS (CLERICAL APPLICANTS ONLY)
WORD _____ EXCEL _____ POWERPOINT _____ ACCESS _____	KEYBOARD SPEED _____ WPM

SURFACE MINING EQUIPMENT (BACKHOE, SHOVEL, DOZER, END LOADER, GRADER, HAUL TRUCK, ETC.)

PLANT PROCESSING EQUIPMENT (BALL MILL, SCREENS, MAGNETIC SEPARATORS, CONTROLS, CONVEYORS, ETC.)

DO YOU HOLD A MINING CERTIFICATE OR INDUSTRIAL TECHNICAL EDUCATION? IF YES, GIVE TYPE, NUMBER AND STATE

LIST ANY OTHER SKILLS AND QUALIFICATIONS HERE (MILLWRIGHT, ELECTRICIAN, WELDING, ETC.):



AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may justify my dismissal if discovered at a later time. I understand that the employer may request an investigative consumer report from a consumer-reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand I may be required to successfully pass a drug and/or alcohol screening examination. I hereby consent to a pre or post employment drug screen. **I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.** I have read, understand, and by my signature consent to these statements.

SIGNATURE: _____

DATE: _____