



## APPLICATION FOR EMPLOYMENT

### I. Personal Information

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Driver's License / ID Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

- If hired, can you provide proof that you are legally able to work in the United States? Yes \_\_\_ No \_\_\_
- Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

*Note: An affirmative answer will not necessarily result in disqualification for employment.*

If yes, please state nature of offense(s), date(s), city, state, and disposition of the offense:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### II. Employment

Position Desired: \_\_\_\_\_

Days and Hours Available to Work: \_\_\_\_\_

Salary Desired: \_\_\_\_\_ Date Available to Start: \_\_\_\_\_

- Are you available to work overtime, if necessary? Yes \_\_\_ No \_\_\_
- Are you able to travel out of town for jobs when necessary? Yes \_\_\_ No \_\_\_
- Are you over 18 years of age? Yes \_\_\_ No \_\_\_  
If under 18 years of age, can you provide a work permit? Yes \_\_\_ No \_\_\_
- Are you able to perform the essential functions of the job for which you are applying? Yes \_\_\_ No \_\_\_

*Note: We comply with the Americans with Disabilities Act and will consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions.*

### III. Skills

- Are you able to operate a personal computer? Yes \_\_\_ No \_\_\_  
If yes, what types of computer software do you have proficiency in?

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- What other office machines can you operate?

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- What knowledge, special skills, and / or individual capabilities do you have that prepare you for the position you are applying for?

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### IV. Education

#### High School / Trade School

Name of School: \_\_\_\_\_

City & State of School: \_\_\_\_\_ Number of Years Complete: \_\_\_\_\_

Major Field(s) of Study: \_\_\_\_\_

- Did you graduate? Yes \_\_\_ No \_\_\_

Degree(s) / Diploma(s): \_\_\_\_\_

#### College / University

Name of School: \_\_\_\_\_

City & State of School: \_\_\_\_\_ Number of Years Complete: \_\_\_\_\_

Major Field(s) of Study: \_\_\_\_\_

- Did you graduate? Yes \_\_\_ No \_\_\_

Degree(s) / Diploma(s): \_\_\_\_\_

**V. Employment History**

Please account for all employment within the last seven (7) years, beginning with your current or most recent employer.

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Company Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Current Employer? Yes \_\_\_ No \_\_\_

Hours and Days Worked: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact this employer? Yes \_\_\_ No \_\_\_

Reason for Leaving: \_\_\_\_\_

Specific Job Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Company Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Current Employer? Yes \_\_\_ No \_\_\_

Hours and Days Worked: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact this employer? Yes \_\_\_ No \_\_\_

Reason for Leaving: \_\_\_\_\_

Specific Job Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Employment History (continued)**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Company Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Current Employer? Yes \_\_\_ No \_\_\_

Hours and Days Worked: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact this employer? Yes \_\_\_ No \_\_\_

Reason for Leaving: \_\_\_\_\_

Specific Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Company Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Current Employer? Yes \_\_\_ No \_\_\_

Hours and Days Worked: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact this employer? Yes \_\_\_ No \_\_\_

Reason for Leaving: \_\_\_\_\_

Specific Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VI. Military Service**

- Have you obtained any special skills or abilities as the result of service in the military? Yes \_\_\_ No \_\_\_  
If yes, please describe:

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**VII. Personal References**

Please list at least two (2) persons NOT related to you who have known you for at least five (5) years.

Reference #1

Name: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Reference #2

Name: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

**VIII. Emergency Contact**

Name: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

**APPLICANT'S STATEMENT**

*(Initial each numbered item as read)*

1. \_\_\_\_\_ The information that I have provided on this application is accurate to the best of my knowledge and may be verified by RECO Mining Solutions or its agents.
2. \_\_\_\_\_ I authorize all the schools, persons, and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of RECO Mining Solutions, for use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release RECO Mining Solutions, my former employers, and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.
3. \_\_\_\_\_ I understand that RECO Mining Solutions is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis, or other drug / alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if RECO Mining Solutions has reasonable suspicion to believe that I am under the influence of drugs or alcohol. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire, or, if already employed, termination.
4. \_\_\_\_\_ I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.
5. \_\_\_\_\_ I understand and agree that the employment for which I am applying is at-will and such employment may be terminated at any time with or without cause, or without prior notice, by either myself or RECO Mining Solutions. There will be no agreement, express or implied, between RECO Mining Solutions and me for any specific period of employment, nor for continuing any long term employment, unless made in writing, signed by an authorized representative of RECO Mining Solutions.
6. \_\_\_\_\_ I have placed my signature in the space provided below only after I have completed the entire application to the best of my ability and have carefully read the statements above.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_