

EMPLOYMENT APPLICATION

MINERAL WELLS

200 SW 5th Street Mineral Wells, TX 76067

EARLY 104 E Industrial Drive

	TEMPLE
_	3010 Lucius McCelvey D
	Temple, TX 76504
	FREDERICKSBURG

2595 W US Hwy 290

Please print or type

PERSONAL 1	IATION 📥			Early, 1X 76802 Fredericksburg, 1X 78624 Email to: jobs@keg1llc.com							
	INFURI	IATION \				Co	mmorcial Lico	nco Dvos DNo /	Class □A □B □C		
Name	-	First	Middle		(Maide		illillercial Lice	inse 🗖 tes 🗖 No /	Class LA LB LC		
Present Address								How long?			
r resent Address	Number	Street		City		State	Zip				
Previous Address								How long?			
	Number	Street		City		State	Zip				
Telephone	Hom						E-Mail				
alien lawfully adm granted asylum? Are you at least 18 POSITION Position(s) or type Days/Times Availa Rate of Pay Expect How were you reference.	of work destable to Work destable to Work destable to the	nporary residence of e? sired: S M T W Th F S Circle Days	or an applica	ant with	to		ation, (4) An al	lien admitted as a r	anent resident, (3) An efugee, or (5) An alien		
EDUCATION	I 4										
NAME OF SCHOOL		SCHOOL LOCATION	VE	ADC CC	MPLET	ED	DEG	DEE	COURSE OF STUDY		
High School		SCHOOL LOCATION	9	10	11	12	Diplo Yes		COOKSE OF STODE		
College			1	2	3	4					
Post Graduate			1	2	3	4					
Other											
List any licenses, c	ertificates o	r registrations relat	ing to positi	ion:							
Name					N	lumber		State			
Current Eligible					Date	Issued		Expiration Date			

KEG 1 O'Neal, LLC is an equal opportunity employer and selects individuals best matched for the job based upon job-related qualifications regardless of age, race, color, sex, religion, national origin, disability (mental or physical), marital or veteran status.

EMPLOYMENT HISTORY ◆

Please list the names of your present or previous employers in <u>chronological order</u> with present or last employer listed first. Be sure to account for <u>all</u> periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. Note to Driver Applicants: The Department of Transportation requires employment history for at least three (3) years and/or commercial driving experience for the previous ten (10) years.

Address City, State, Zip Code To (mo/yr) Telephone								
Talanhana	\$	Final	Name and Title of Last Supervisor	-				
Tolonhono								
Тетернопе								
Employer Employed From (mo/yr)		<u>Pay</u> Start	Your Title or Position	Reason for Leaving				
	\$							
Address								
City, State, Zip Code To (mo/yr)		Final	Name and Title of Last Supervisor	-				
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City, State, Zip Code To (mo/yr)	\$	Final	Name and Title of Last Supervisor					
Telephone								
May we contact your current employer?								
If you work under a different name, please state name and employer(s) from above:								
Have you ever been terminated or asked to resign from any job?								
If yes, please explain circumstances:								

GENERAL	INFOR	MATI	ON ∢												
Have you previo	Have you previously worked for KEG 1 O'Neal, LLC or any of its divisions?										Yes		No		
If yes,	If yes, state when and where:														
Do you have any friends or relatives who work for KEG 1 O'Neal, LLC or any of its divisions?									sions?	Yes		□No			
If yes,	If yes, state whom and relationship:														
Have you ever p	oled guilty	or "no co	ntest"	to a c	rime, be	en convid	cted of	a crime	or hav	ve any crimina	l charges p	pendi	ng?		
Have you ever pled guilty or "no contest" to a crime, been convicted of a crime or have any criminal charges pending? (Answering "Yes" to this question does not constitute an automatic bar to employment. Only those crimes which are substantially related to the position you are seeking will be considered.)															
If yes,	If yes, give date and details of each:														
SKILLS 🛨															
List Foreign Langu	ıages							Lis	t Mech	anical or Techni	cal Equipm	ent Tl	hat You Operate		
0 0		Exce	llent		Fair	Poo	or				Excelle		Fair	Poor	
	Speak							<u>a.</u>							
a.	Read							<u>b.</u>							
b.	Speak Read							<u>c.</u> d.							
Computer Knowle	Computer Knowledge														
REFERENCE Please list person.				•	employer	rs or relati	ives.								
	NIA NA F			VEADC	KNIOVAKNI		OCCUP	ATION		DUIC		PHON	E NUMBER	N A F	
	NAME			YEARS KNOWN OCCUP			ATION BUS		SINESS		HOME				
DRIVING I	NEODN	// A TI C	M 🔺												
If you are applyin vehicle on Compa	g for a posit	ion (i.e. N	1anagen		Merchand	iser, Deliv	ery Driv	er, Sale	s, etc.) t	hat requires dri	ving a Com	pany	vehicle or your p	personal	
vernere on compa	iny busines.	STATE	C till3 30	ection.		LICENSE	LICENSE NO.			TYPE	TYPE			EXPIRATION DATE	
Driver Licenses															
Have you ever been denied a license, permit or privilege to operate a motor vehicle?															
If yes, explain:															
Has any license, permit or privilege ever been suspended or revoked?															
If yes, explain:															
Have you ever been <u>cited</u> for driving under the influence (DUI) or driving while intoxicated (DWI)?															
If yes, explain circumstances and outcome:															
Traffic convictions and driver's license forfeitures for the past 3 years – other than parking violations (Attach sheet if more space is needed) LOCATION DATE CHARGE PENALTY									•						
27.15. STANCE TENAETT															
Accident record for	past 3 years	or more (At	tach she	et if mo							•	•			
	1	DATES				ATURE OF A D-ON, REAR-EN				FATALITIES			INJU	IRIES	
LAST ACCIDENT															
NEXT PREVIOUS															
NEXT PREVIOUS	T PREVIOUS CONTRACTOR														

PLEASE READ CAREFULLY and SIGN Your Application

- I understand that completion of this application does not indicate that there are any positions open and does not in any way obligate the Company to hire me or offer me a job. I also understand this application is current for only sixty days. If I have not been contacted within 60 days and still wish to be considered for employment, I must fill out a new application.
- I understand that if hired, my employment with KEG 1 O'Neal, LLC or any of its affiliated companies (KEG 1) would be for an indefinite period of time and may be terminated by me or the Company at any time for any or no reason. Likewise, no oral statement or assurances by any person within the Company will constitute an employment contract which can only be entered into by an individualized written agreement signed by me and an officer of the Company. I agree that, if I am hired, I will conform with all company policies and procedures and understand that the Company may modify, amend and/or revoke any of its employment policies, practices and benefits without prior notice or my consent. Furthermore, I agree that, if I am hired, the Company shall have the right to withhold all or part of my wages to offset any financial liability I may have to the Company, including loss of product through theft, carelessness or negligence.
- I understand that if I am hired, I will be a probationary employee during the 90 day introductory period and that after completion of my probation period I understand the relationship shall continue to be an employment at will, terminable at any time without cause by either me or the Company.
- I understand that if I am hired, I may be required at any time to submit to a drug test, alcohol test and/or medical examination, to extent permitted by law, conducted by a licensed physician selected by the Company at Company expense. I hereby give a continuing authorization to any hospital or other health care facility and to any physician or other person conducting such medical examinations and/or tests to furnish to KEG 1 or its designated agent, any medical records or medical information resulting from such examinations and/or tests. I further authorize the release to KEG 1 such medical records and medical information as may be relevant and necessary to the disposition or investigation of any claim against the Company or the insurance carriers of the Company, including any claim I may have for worker's compensation.
- I understand that KEG 1 reserves the right to use any method of investigation which, in its sole discretion, it deems reasonable and necessary to determine whether any employee has engaged in conduct warranting disciplinary action. As a condition of employment, if hired, I agree to cooperate in any such investigation. As a condition of my employment, I voluntarily agree to cooperate in submitting to any urine or blood tests requested by the Company, as well as searches of my person or property while employed by the Company and I recognize that refusal to cooperate in such tests or searches would be grounds for discipline, including termination.
- Fig. 1 understand that KEG 1 may investigate my work and personal history. I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any information concerning my background and release them from any liability and responsibility from their doing so. I also authorize the Company to provide truthful information concerning my employment with the Company to future prospective employers and I agree to hold the Company harmless for providing such information.
- Federal law prohibits the employment of unauthorized aliens. If hired, I agree to comply with the law by signing required forms and by submitting satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to do so will result in immediate termination.
- I certify that I have read and understand the above paragraphs. I further certify that all the information submitted on this application is true and correct to the best of my knowledge. I understand that any false information, omission or misrepresentations of facts called for in this application or in interviews may be cause for the denial of my application or, if I am employed, discharge at any time. I also affirm that I have genuine intent and no other purpose in applying for a position with the Company.

*****AUTHORIZATION TO OBTAIN CONSUMER REPORT*****

F	•	on that the Company may obtain a consumer report on me. This report may be us ployment related purposes. I authorize the Company to obtain this report.	ed in connection with my
	PRINT NAME	SIGNATURE OF APPLICANT	DATE