

(Last)

Name

(First)

EMPLOYMENT APPLICATION

Today's Date

AngloGold Ashanti maintains a drug free work environment.
We do not discriminate because of race, color, national origin, religion, sex, age, disability, or veteran's status.

(Middle)

Even if resume is attached, all areas of this application form must be completed to be considered for employment. (Please Print)

Mailing Address (Number and Street)		City		State	Zip Code	Phone N	lumber
Position for which you are applying		Available Start Date			Available for Full Time Part Time	☐ Full Time ☐ Day Shift	
Are you at least 18 years old?	☐ Yes	. □ No	Do you nos	sess a curren	t driver's license	·	es П No
			No Do you possess a current driver's license? Yes No Expiration			-	
If hired, can you provide proof that you hat the legal right to work in the United State:		. □ No	License Number State Date			ate	
Can you work overtime?	☐ Yes	. □ No	Has your driver's license been suspended, revoked, or put on probation w			or put on probation within	
Can you travel if the job requires it?	☐ Yes	i □ No	the past 7 years? If yes, please explain. Yes No			es 🗌 No	
Do you have any relatives in our employ? If yes, list name(s) and relationship(s)							
	Have you ever at any time in your career been discharged or terminated for any reason other than layoff or lack of work?						
Have you ever at any time in your career If yes, give dates and job titles.	Have you ever at any time in your career been employed by AngloGold Ashanti or any of its subsidiaries? ☐ Yes ☐ No If yes, give dates and job titles.					es 🗌 No	
Have you ever at any time anywhere in the United States (i) been convicted of, pleaded guilty to, or plead no contest to a crime or charge (other than a minor traffic violation), or (ii) agreed to a deferred judgment, deferred sentence, or							
probation for any such offense or charge?					es 🗌 No		
If yes, please explain on a separate shee (We conduct a criminal background ch		•			nlicant for omni	ovment H	owever incorrectly
answering a question on this applicati						Jymene. 11	owever, incorrectly
EMPLOYMENT HISTORY							
Must be completed, even if resume is attached. Please begin with present or most recent employer and account for all periods of employment and unemployment, including Military Service, during the last 10 years. Also, please list any jobs held more than 10 years ago which relate to the job for which you are applying. Use a separate sheet if necessary.							
Company Name			Туре	of Business			
Address Ci	ty	Stat	e	Zip Code		art Date h and Year)	End Date (Month and Year)
Job Title	Name and Title of	Supervisor	Phor	e Number	St	art Pay	End Pay
Brief Description of Duties			Reaso	on for Leaving		y we conta [No, Why	ct this employer?] Yes □ No

Company Name		Type of Business					
Address	С	ity	State	Zip Code		Start Date (Month and Year)	End Date (Month and Year)
Job Title		Name and Title of Superv	/isor	Phone Number		Start Pay	End Pay
Brief Description of	Duties			Reason for Leavi	ng	May we contact	ct this employer?]Yes □ No
Company Name				Type of Busines	ss		
Address	C	ity	State	Zip Code		Start Date (Month and Year)	End Date (Month and Year)
Job Title		Name and Title of Superv	visor	Phone Number		Start Pay	End Pay
Brief Description of	Duties			Reason for Leavi	ng	May we contact	ct this employer?]Yes □ No
Company Name				Type of Busines	S		
Address	С	ity	State	Zip Code		Start Date (Month and Year)	End Date (Month and Year)
Job Title		Name and Title of Superv	visor	Phone Number		Start Pay	End Pay
Brief Description of	Duties			Reason for Leavi	ng	May we contac	ct this employer?]Yes □ No
EDUCATION and TRAINING							
School High School College Graduate School Trade School or other Technical	Name an	d Address of School		☐ Yes ☐ No		Course of Stud	dy /Degree
other Technical Training				Yes No			

i 						
Have you received any scholastic honors or	☐ Yes ☐ No					
Are you planning to pursue further studies?	☐ Yes ☐ No					
Do you have any licenses, certificates, public application? If yes, list	☐ Yes ☐ No					
Do you belong to any professional societies ((EXCLUDE labor organizations and any mer disability, or other protected class.)	☐ Yes ☐ No					
SI	kills Exnerier	nces Cer	tifications or Trainir	ισ		
Please list any specialized training you have reco		ices, cer	directions of Training	' 5		
Do you have current MSHA Training?				☐ Yes ☐ No		
Heavy Equipment Operation (List type of equipment; dozer, grader, loader, etc.)	C) DA	TES To	TYPE (classroom, on the job, etc)	WHERE		
Mill/Heap Operations (List skill acquired: crushing, leaching, smelting, etc.)		ATES To	TYPE (classroom, on the job, etc)	WHERE		
Maintenance (List skills acquired; welder, pipefitter, millwright, he equipment, etc)		ATES To	TYPE (classroom, on the job, etc)	WHERE		
Any Other Relevant Experience	From	To	TYPE (classroom, on the job, etc)	WHERE		
REFERENCES						
Please give the name, occupations, and telephone number of references who are familiar with your qualifications and who are not related to you.						
Name	Occupation		How Known? (Co-worker, supervisor etc.)	Phone Number		
			(1111)			

AFFIDAVIT, CONSENT and RELEASE IMPORTANT: Read carefully before signing

I certify that the information in this application is true, correct, and complete. I understand that any omissions, false, or misleading statements supplied in this application, given during any interview, or given during the Company physical examination may result in not being hired.

I authorize the Company to contact any former employer, person, school, firm or corporation, whether listed or not, and, I further authorize any such former employer, person, school, firm or corporation, including this Company, to answer any and all questions and agree to hold all persons harmless for giving any and all truthful information within their knowledge or records.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to pre- and/or post-employment drug screen(s) as a condition of employment.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as deemed necessary to judge my capability to do the work for which I am applying.

I understand that nothing in this application or in my acceptance of an offer of employment creates any contractual obligation upon me or upon the Company to continue my employment in the future. I understand that my employment relationship with AngloGold Ashanti North America Inc, or any of its subsidiaries or affiliates (hereinafter collectively called "AngloGold Ashanti"), is "at-will,", which means my employment may be terminated by either AngloGold Ashanti or myself at any time with or without cause. I further understand that no representative of AngloGold Ashanti has the authority to enter into an oral agreement with me (a) that alters my at-will employment status by providing that I am employed for any specified period of time, (b) regarding any specific term or condition of my employment, or (c) to make any agreement or representation which is contrary to anything in this application or my offer letter.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE, INCLUDING THE "AT-WILL" STATUS OF MY EMPLOYMENT IF I AM HIRED.

Signature of Applicant	Date
(Signature must be in ink, and in the handwriting	of the person submitting the application.)



DISCLOSURE UNDER THE FAIR CREDIT REPORTING ACT

AngloGold Ashanti North America Inc, or any of its subsidiaries or affiliates (hereinafter collectively called "AngloGold Ashanti"), may choose to obtain and use a "consumer report" from a "consumer reporting agency" in considering: (a) your application for employment; (b) whether to offer you employment; (c) whether to continue your employment; and (d) whether to make any other employment-related decision directly affecting you.

As an employee or applicant for employment you are considered a "consumer" with rights under the Fair Credit Reporting Act ("FCRA"). The terms "consumer", "consumer report" and "consumer reporting agency" are defined in FCRA. For your assistance, these terms are further described below:

"Consumer" includes an applicant for employment or an existing employee.

"Consumer Reporting Agency" includes an entity that regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, including employers.

"Consumer Report" includes any written, oral or other communication of any information by a consumer reporting agency bearing on a consumer's creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, which is used or collected for the purpose of serving as a factor in establishing the consumer's eligibility for employment.

If AngloGold Ashanti obtains a consumer report and uses the information contained in the report in making an employment-related decision that adversely affects you, you will be provided with a copy of the consumer report before the adverse action becomes final. In addition, you will receive a copy of a summary of a consumer's rights under the FCRA. You also may contact the Federal Trade Commission about your rights under FCRA.

AUTHORIZATION

UNDER THE

FAIR CREDIT REPORTING ACT

I,[insert name], hereby au	uthorize AngloGold Ashanti North America
Inc, or any of its subsidiaries or affiliates (hereinafter of	collectively called "AngloGold Ashanti"), to
obtain reports about me from third parties, including co	onsumer reports from consumer reporting
agencies, as those terms are defined in the Fair Credit	Reporting Act ("FCRA" 15 U.S.C. 1681 et
seq.), to be used in making decisions about my appl	lication for employment or my continuing
employment with AngloGold Ashanti. I understand and	I agree that by signing this Authorization I
am releasing AngloGold Ashanti from any and all liabilit	y arising out of or related to obtaining and
using any such reports in making its employment-relat	ed decisions, including, without limitation,
any liability that may arise under FCRA. I further under	erstand that I have rights under FCRA. I
have received a Disclosure under the FCRA and a summer succession of the summer succession.	nary of those rights.
Print Name	
Pilit Name	
Signature of Applicant	Date



Employment Screening – Disclosure & Authorization - General

Last Name	First Name	Middle Initial	Suffix		
Drivers License Number/State					
Current Address					
Previous Address					
Additional Previous Addresses					
Criminal Records					
Have you ever entered into a plea of guilty or no criminal law; or have you been released from a					
sentences) for any offense against criminal law.	Omit traffic violations with	a fine under \$150, except wh	nere liquor or drugs were		
involved, and/or any offense committed before y offender law. (check one)	our 21 st birthday which was	finally adjudicated in juvenil	e court or under youth		
offerider law. (check offe)					
	Yes** □ No				
**If Yes, please explain here – include date	s, offense(s) & location(s):			
I hereby declare that the information provided b					
knowledge. I understand that any misstatemen considered cause for dismissal.	ts or omission of fact may re	sult in denial of employment	or, if employed, shall be		
considered eduse for distribution.					
Disclosure & Authorization					
I authorize Moco Incorporated (Moco), whose a	ddress is PO Box 2826. Sea	attle. WA 98111, to prepare a	Consumer Report or an		
Investigative Consumer Report that may contain, among other things, information as to my credit standing, criminal history, character,					
general reputation, personal characteristics and mode of living. I further authorize Moco to contact and interview personal and employment references and to release all information obtained during the investigation to the employer and employer's agents.					
employment references and to release all information obtained during the investigation to the employer and employer's agents.					
I understand that I have specific rights under the Fair Credit Reporting Act 15 USC §1681 et seq (FCRA). Those rights include: 1) The					
right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of the investigation as required section 606(b) of the FCRA; and, 2) The right to request a written Summary of Rights pursuant to section					
609 (c) of the FCRA.					
You may have additional rights under Consumer Reporting and other laws in your state.					
Too may have additional rights and of consume	Troporting and other laws i	n your otato.			
Print Name	Signature		Date		
EMPLOYER USE ONLY					
Client Name/Number: Cripple Creek		Judi Nootbaar			
Phone Number: 719-689-4146	Email: jnootbaar	@anglogoldashantina.com			
Special Instructions:					