

ANGLO AMERICAN EMPLOYMENT APPLICATION
PLEASE PRINT

WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, COLOR, SEX, AGE, OR DISABILITY. IT IS OUR INTENTION THAT ALL APPLICANTS BE GIVEN EQUAL OPPORTUNITY AND THAT SELECTION DECISIONS ARE BASED ON JOB-RELATED FACTORS.

TODAY'S DATE _____ SOCIAL SECURITY NUMBER _____

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

POSITION DESIRED _____ DATE AVAILABLE _____

TYPE OF WORK DESIRED ___ FULL TIME ___ PART TIME ___ TEMPORARY ___

EXPECTED SALARY _____

PRESENT ADDRESS _____ CITY _____ STATE /ZIP _____

HOW LONG RESIDING HERE? _____ TELEPHONE NUMBER _____

PREVIOUS ADDRESS _____ PREVIOUS ADDRESS _____

CITY _____ STATE/ZIP _____ CITY _____ STATE/ZIP _____

PERSONAL:

ARE YOU AGE 18 OR OLDER? _____ YES _____ NO

IF YOU ARE APPLYING FOR A POSITION INVOLVING
SALE OF ALCOHOLIC BEVERAGES OR CIGARETTES,

ARE YOU AGE 21 OR OLDER? _____ YES _____ NO

DO YOU HAVE TRANSPORTATION TO WORK? _____ YES _____ NO

DO YOU KNOW ANYONE EMPLOYED BY ANGLO AMERICAN? _____ YES _____ NO

HAVE YOU EVER WORKED FOR ANGLO AMERICAN BEFORE? _____ YES _____ NO

DO YOU SMOKE? _____ YES _____ NO

CAN YOU FURNISH PROOF OF YOUR LEGAL RIGHT TO
WORK IN THE UNITED STATES? _____ YES _____ NO

MILITARY SERVICE

BRANCH OF THE U.S. ARMED SERVICE, IF ANY _____

RANK ATTAINED _____ PRESENT AFFILIATION _____

EXPERIENCE ACQUIRED _____

REFERRED TO ANGLO AMERICAN BY: ___ SCHOOL ___ EMPLOYEE ___ AGENCY

___ STATE EMPLOYMENT ___ ON MY OWN ___ ADVERTISEMENT

REFERRAL NAME: _____

WHICH OF THESE POSITIONS DID YOU LIKE BEST? _____

WHY? _____

MAY WE COMMUNICATE WITH YOUR PRESENT EMPLOYER NOW? _____

DID YOU HAVE PROBLEMS COMPLYING WITH PREVIOUS EMPLOYERS ATTENDENCE
POLICY? _____

IS ANY ADDITIONAL INFORMATION RELATIVE TO CHANGE OF NAME, USE OF ASSUMED
NAME, OR NICKNAME NECESSARY TO ENABLE US TO CHECK YOU WORK RECORD? ___ YES

___ NO EXPLAIN: _____

EDUCATION

	NAME AND LOCATION	DATES TO AND FROM	DID YOU GRADUATE?	DEGREE OR CREDITS EARNED	MAJOR SUBJECT	MINOR SUBJECT	GRADE AVERAGE
HIGH SCHOOL							
COLLEGE							
GRADUATE SCHOOL							
TECHNICAL BUSINESS OR OTHER SCHOOL							

HAVE YOU ANY OTHER SPECIAL INTERESTS, SKILLS, OR TRAINING, WHICH YOU FEEL WOULD BE AN ASSET TO ANGLO AMERICAN?
 EXPLAIN: _____

TITLE OF THE POSITION FOR WHICH I AM APPLYING IS _____
 I UNDERSTAND THE POSITION DESCRIPTION FOR THE ABOVE POSITION. I UNDERSTAND THE PHYSICAL AND EMOTIONAL DEMANDS OF THE ESSENTIAL FUNCTIONS OF THE POSITION. I ALSO UNDERSTAND ENVIRONMENTS IN WHICH THESE ESSENTIAL FUNCTIONS MIGHT BE PERFORMED AND THE VARIOUS HAZARDS WHICH MIGHT BE PRESENT.

_____ I AM ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION, AS DEFINED IN THE POSITION DESCRIPTION, WITHOUT PRESENTING A DANGER TO EITHER MYSELF, OR MY CO-WORKERS, WITH OR WITHOUT REASONABLE ACCOMMODATIONS.

_____ I AM UNABLE TO MEET THE PHYSICAL OR EMOTIONAL DEMANDS OF THE ESSENTIAL FUNCTIONS OF THE POSITION. HOWEVER, I WOULD LIKE TO BE CONSIDERED SHOULD A LESS DEMANDING POSITION BECOME AVAILABLE. I UNDERSTAND THAT I MAY DEFINE MY LIMITATIONS TO FACILITATE SUCH CONSIDERATION, BUT THAT I HAVE NO OBLIGATION TO DO SO.

REFERENCES:

PLEASE LIST FIVE REFERENCES, PROFESSIONAL ASSOCIATES OR FRIENDS, NOT RELATIVES OR FORMER EMPLOYEES.

NAME	ADDRESS/PHONE NUMBER	OCCUPATION	YEARS KNOWN
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

EMPLOYMENT HISTORY: START WITH YOUR PRESENT OR LAST JOB. LIST ALL JOBS YOU HAVE HELD. ACCOUNT FOR ALL PERIODS OF TIME INCLUDING MILITARY SERVICE. ANY ADDITIONAL INFORMATION MAY BE PLACED ON A SEPARATE SHEET OF PAPER AND ATTACHED.

EMPLOYER			RESPONSIBILITIES
ADDRESS AND PHONE			
PHONE			
DATE STARTED	INITIAL POSITION	INITIAL SALARY	
DATE LEFT	FINAL POSITION	FINAL SALARY	
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING:			

EMPLOYER			RESPONSIBILITIES
ADDRESS AND PHONE			
PHONE			
DATE STARTED	INITIAL POSITION	INITIAL SALARY	
DATE LEFT	FINAL POSITION	FINAL SALARY	
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING:			

EMPLOYER			RESPONSIBILITIES
ADDRESS AND PHONE			
PHONE			
DATE STARTED	INITIAL POSITION	INITIAL SALARY	
DATE LEFT	FINAL POSITION	FINAL SALARY	
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING:			

**AN EQUAL OPPORTUNITY EMPLOYER
EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT**

IT IS OUR POLICY AT ANGLO AMERICAN TO PROVIDE EQUAL EMPLOYMENT OPPORTUNITY TO ALL INDIVIDUALS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, DISABILITY, VETERAN DISABILITY, AND TO VIETNAM ERA VETERANS; TO PROHIBIT HARASSMENT BASED UPON THESE FACTORS, AND TO ENSURE THAT RETALIATION OR DISCRIMINATION DOES NOT OCCUR IF ANY EMPLOYEE REPORTS VIOLATION OF FEDERAL, STATE, OR LOCAL LAWS.

THIS POLICY APPLIES TO RECRUITMENT, HIRING, TRAINING, PROMOTION, TRANSFER, DEMOTION, TERMINATION, COMPENSATION, BENEFITS, AND ALL OTHER ASPECTS OF EMPLOYMENT.

EACH EMPLOYEE IS HEREBY ADVISED THAT DISCRIMINATION OF ANY TYPE WILL NOT BE TOLERATED BY ANGLO AMERICAN. ALL EMPLOYEES MAY REPORT ANY COMPLAINTS OR POSSIBLE VIOLATIONS TO EITHER THE MANAGER OF THE FACILITY AT WHICH THEY ARE EMPLOYED ANGLO AMERICAN WILL PROMPTLY INVESTIGATE AND RESOLVE ALL COMPLAINTS WITH APPROPRIATE CONFIDENTIALITY.

ANGLO AMERICAN HAS A PROGRAM OF AFFIRMATIVE ACTION. AS PART OF THIS PROGRAM, ANGLO AMERICAN WILL CONTINUE TO EMPHASIZE TO EMPLOYEES, POTENTIAL EMPLOYEES, CUSTOMERS, VENDORS AND OTHERS THAT EQUAL OPPORTUNITIES IN ANGLO AMERICAN ARE BASED UPON INDIVIDUAL MERIT AND WILL CONTINUE TO ENCOURAGE PERSONS TO SEEK EMPLOYMENT AND STRIVE FOR ADVANCEMENT UPON SUCH A BASIS.

EACH MANAGER, SUPERVISOR, AND EMPLOYEE WITHIN THE ORGANIZATION IS CHARGED WITH THE ENFORCEMENT OF THIS POLICY AND THE IMPLEMENTATION OF THESE PROGRAMS WITHIN HIS OR HER AREA OF RESPONSIBILITY.

PLEASE READ CAREFULLY BEFORE SIGNING:

I UNDERSTAND THAT COMPLETION OF THIS APPLICATION DOES NOT INDICATE THAT THERE ARE ANY POSITIONS OPEN AND DOES NOT IN ANY WAY OBLIGATE ANGLO AMERICAN.
I AUTHORIZE ANGLO AMERICAN TO INVESTIGATE ALL STATEMENTS CONTAINED IN THIS APPLICATION. IT IS UNDERSTOOD AND AGREED THAT ANY MATERIAL MISREPRESENTATIONS BY ME IN THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THE APPLICATION AND/OR FOR SEPARATION FROM ANGLO AMERICAN SERVICE IF I HAVE BEEN EMPLOYED.
I AGREE, IF EMPLOYED, TO ABIDE BY ALL OF ANGLO AMERICAN RULES AND REGULATIONS. I UNDERSTAND THAT AN OFFER OF EMPLOYMENT BY ANGLO AMERICAN MAY BE CONDITIONED ON THE RESULTS OF A PHYSICAL EXAMINATION DESIGNED TO DETERMINE MY ABILITY TO MEET THE PHYSICAL DEMANDS OF THE POSITION FOR WHICH I AM UNDER CONSIDERATION. I AUTHORIZE SUCH PHYSICAL EXAMINATION AS MAY BE REQUESTED BY ANGLO AMERICAN AND FURTHER AUTHORIZE THE PHYSICIAN OR OTHER EXAMINING HEALTH CARE PROVIDER TO RELEASE THE RECORD AND/OR REPORT OF THAT EXAMINATION TO AN AUTHORIZED RECIPIENT AT ANGLO AMERICAN. I UNDERSTAND THAT, IF EMPLOYED, I WILL BE HIRED AS AN EMPLOYEE AT WILL, AND MY CONTINUED EMPLOYMENT IS ENTIRELY SUBJECT TO THE DISCRETION AND BEST JUDGEMENT OF ANGLO AMERICAN. FURTHER, I UNDERSTAND THAT ANY ADDITIONAL TERMS OF EMPLOYMENT MUST BE EXPRESSLY AGREED TO IN WRITING.
I AUTHORIZE ANGLO AMERICAN TO INVESTIGATE INFORMATION REGARDING MY PREVIOUS EMPLOYMENT, MY WORKING ABILITY, MY CHARACTER AND REPUTATION. I HEREBY RELEASE ANGLO AMERICAN, ITS OFFICERS, EMPLOYEES, REPRESENTATIVES, OR AGENTS, AND THE PERSON(S) ANGLO CONTACTS IN ITS INVESTIGATION FROM ANY AND ALL LIABILITY AND/OR DAMAGE INCURRED BY MYSELF IN OBTAINING OR PROVIDING SUCH INFORMATION.
I CERTIFY THAT INFORMATION GIVEN IN THIS APPLICATION IS CORRECT, AND I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND SINCLAIR'S EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT, SHOWN ABOVE:

DATE _____ SIGNATURE OF APPLICANT _____

SIGNATURE OF WITNESS _____

DRUG TESTING ACKNOWLEDGEMENT

I ACKNOWLEDGE THAT ANGLO AMERICAN HAS A DRUG TESTING POLICY, WHICH I HAVE BEEN GIVEN AN OPPORTUNITY TO READ. THAT POLICY REQUIRES PRE-EMPLOYMENT DRUG TESTING AT AN INDEPENDENT LABORATORY OF ANGLO'S CHOICE, USING PROTOCOLS DEVELOPED BY ANGLO AND THE LABORATORY. I UNDERSTAND THAT THIS POLICY REQUIRES URINALYSIS TESTING OF APPLICANTS PRIOR TO RECEIVING AN OFFER OF EMPLOYMENT, AND OF ALL EMPLOYEES ON A FOR CAUSE BASIS OR AS FURTHER REQUIRED BY COMPANY POLICY. I HEREBY CONSENT TO UNDERGO SUCH DRUG TESTING AS MAY BE REQUIRED AND I FURTHER CONSENT TO THE RELEASE OF THESE RESULTS TO ANGLO AMERICAN. I UNDERSTAND THAT I MAY BE DENIED EMPLOYMENT OR TERMINATED ON THE BASIS OF A DRUG TEST.

DATE _____ SIGNATURE OF APPLICANT _____

SIGNATURE OF WITNESS _____

APPLICANT: DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REFERRED TO _____ DATE _____

REMARKS _____

INTERVIEWED BY _____ DATE _____

REFERRED TO _____ DATE _____

REMARKS _____

TO BE COMPLETED AFTER HIRE

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY: _____

ADDRESS _____

PHONE NUMBER _____ RELATIONSHIP _____

EMPLOYEE BIRTHDATE _____