

EMPLOYMENT APPLICATION



AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT IN INK

DATE OF APPLICATION: _____

| | | | | | |
|---|--|------------------------|---|---|--|
| DATE: | | POSITION APPLYING FOR: | | SALARY DESIRED: | |
| LOCATION APPLYING TO: | | | CHECK: FULL TIME _____ TEMPORARY _____ PART TIME _____ | | |
| NAME: FIRST | | MIDDLE | | LAST | |
| | | | | SOCIAL SECURITY# | |
| ADDRESS: NUMBER | | STREET | | TELEPHONE NO. () | |
| CITY | | STATE | | ZIPCODE | |
| REFERRED TO LINDEN BY: AD _____ AGENCY _____ RELATIVE _____ WALK-IN _____ OTHER: _____ | | | | | |
| DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING FOR LINDEN? | | YES _____ NO _____ | | IF YES, WHO? _____ DATE AVAILABLE TO START WORK? _____ | |
| HAVE YOU BEEN EMPLOYED BY LINDEN BEFORE? | | YES _____ NO _____ | | IF YES, DATES: FROM _____ TO _____ | |
| HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL ACT? | | YES _____ NO _____ | | (CONVICTION WILL NOT AUTOMATICALLY DISQUALIFY APPLICANT) | |
| ARE YOU LEGALLY ALLOWED TO WORK IN THE UNITED STATES? | | YES _____ NO _____ | | IF HIRED, FEDERAL LAW REQUIRES DOCUMENTATION FOR VERIFICATION | |

| EDUCATION | | | | |
|---|------------|--|---------------|--------------|
| NAME | CITY/STATE | #OF YEARS COMPLETED (PLEASE CIRCLE) | GRADUATE YEAR | DEGREE/MAJOR |
| HIGH SCHOOL | | 9 10 11 12 | | |
| COLLEGE/UNIVERSITY | | 1 2 3 4 5+ | | |
| TRADE SCHOOL | | | | |
| OTHER | | | | |
| LIST ANY OTHER EDUCATION, TRAINING, SPECIAL SKILLS OR CERTIFICATES THAT YOU POSSESS RELATED TO THE JOB | | | | |
| LIST ANY MACHINES OR EQUIPMENT THAT YOU ARE QUALIFIED AND EXPERIENCED OPERATING (EX. COMPUTERS, COPY MACHINES, FORKLIFTS, ETC | | | | |

MILITARY SERVICE

ARE YOU A VETERAN OF THE U S MILITARY SERVICE? _____ YES _____ NO

IF YES, WERE YOU HONORABLY DISCHARGED? _____ YES _____ NO

LIST SPECIAL SKILLS YOU ACQUIRED IN THE
MILITARY: _____

DO NOT WRITE "SEE RESUME." IF YOU HAVE A RESUME, YOU MAY ATTACH IT IN ADDITION TO COMPLETING THIS SECTION

PREVIOUS POSITION OR CURRENT POSITION

| | | | |
|--|------------------|---|--------|
| YOUR JOB TITLE | | DATE EMPLOYED (GIVE MONTH AND YEAR) | |
| | | FROM | TO |
| EMPLOYER | TYPE OF BUSINESS | HOURLY OR ANNUAL PAY | |
| | | START | FINISH |
| ADDRESS | | SUPERVISOR'S PHONE NUMBER () | |
| NAME AND TITLE OF IMMEDIATE SUPERVISOR | | MAY WE CONTACT YOUR SUPERVISOR FOR A REFERENCE? | |
| DESCRIPTION OF DUTIES | | | |
| | | | |
| | | | |
| REASON FOR LEAVING? | | | |

PREVIOUS POSITION

| | | | |
|--|------------------|---|--------|
| YOUR JOB TITLE | | DATE EMPLOYED (GIVE MONTH AND YEAR) | |
| | | FROM | TO |
| EMPLOYER | TYPE OF BUSINESS | HOURLY OR ANNUAL PAY | |
| | | START | FINISH |
| ADDRESS | | SUPERVISOR'S PHONE NUMBER () | |
| NAME AND TITLE OF IMMEDIATE SUPERVISOR | | MAY WE CONTACT YOUR SUPERVISOR FOR A REFERENCE? | |
| DESCRIPTION OF DUTIES | | | |
| | | | |
| | | | |
| REASON FOR LEAVING? | | | |

HEALTH AND ACCIDENT RECORD

IN CASE OF AN ACCIDENT OR OTHER EMERGENCY, WHOM SHOULD WE CONTACT?

NAME _____ RELATIONSHIP _____

HOME ADDRESS _____ TELEPHONE# _____
STREET CITY STATEWORK ADDRESS _____ TELEPHONE# _____
STREET CITY STATE**EMPLOYMENT REFERENCES**

| NAME | OCCUPATION | ADDRESS (CITY AND STATE) | TELEPHONE NUMBER | NO. OF YEARS KNOWN |
|------|------------|-----------------------------|---------------------|-----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

OCCASIONALLY THE FORM OF AN APPLICATION MAKES IT DIFFICULT FOR AN INDIVIDUAL TO ADEQUATELY SUMMARIZE THEIR QUALIFICATIONS. PLEASE FEEL FREE TO USE THE SPACE BELOW TO SUMMARIZE ANY ADDITIONAL INFORMATION NECESSARY TO DESCRIBE YOUR FULL QUALIFICATIONS.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A SIXTY (60) DAY PERIOD. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE. I UNDERSTAND THAT FALSE INFORMATION ON THIS FORM MAY RESULT IN BEING DISQUALIFIED FROM THE HIRING PROCESS OR RESULT IN DISMISSAL. IF HIRED, I HEREBY AGREE, AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT, TO GIVE LINDEN PERMISSION TO OBTAIN MY DRIVING RECORD, IF DRIVING IS A FUNCTION OF MY JOB. I AUTHORIZE LINDEN TO INVESTIGATE AND VERIFY THE INFORMATION CONTAINED IN THIS APPLICATION, WHICH MAY INCLUDE CONTACTING MY SCHOOLS AND FORMER EMPLOYERS AND TO PRESERVE THESE RECORDS INDEFINITELY.

THIS APPLICATION DOES NOT CONSTITUTE A CONTRACT FOR EMPLOYMENT, EXPRESSED OR IMPLIED.

SIGNATURE_____
DATE



VOLUNTARY SELF IDENTIFICATION FOR
AFFIRMATIVE ACTION PROGRAMS

PLEASE

PRINT: _____
(Last name) (First name) (Middle initial)

DATE: _____ Job title or job number applying for: _____

Government agencies require periodic employer reports on the sex, ethnic, disability, and veteran status of applicants and/or employees. This data is used for group information regarding affirmative action programs. Submission of information is requested on a voluntary basis.

In all aspects of hiring and employment, employees are to be treated without regard to race, color, religion, sex, national origin, age, martial or veteran status, medical condition, or disability.

As an employer/Government contractor, Linden Resources, Inc. complies with Government regulations and affirmative action responsibilities.

In order to help us comply with Government recordkeeping, reporting, and other legal requirements, please complete this Affirmative Action Survey. We appreciate your cooperation.

This data is for periodic Government reporting and will be kept in a Confidential File separate from employment records.

SEX CLASSIFICATION:

Check one: Male Female

RACE/ETHNIC GROUP:

Check one of the following: White African American Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander

SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS, AND

INDIVIDUALS WITH PHYSICAL OR MENTAL DISABILITIES.

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974, which requires that they Take affirmative action to employ and advance in employment disqualify disabled veterans and veterans of the Vietnam era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires Government contractors to take affirmative action to employ and advance in employment qualified individuals with disabilities.

If you are a disabled veteran or a Vietnam veteran, or if you have a physical or mental disability, you are invited to volunteer this information which will be treated as Confidential. Failure to provide this information will not jeopardize or adversely affect your employment with Linden Resources, Inc.

If you wish to volunteer the information, please indicate your status below.

Individual with a Disability Disabled Veteran Vietnam Era Veteran
 I am not Disabled, a Disabled Veteran, or Vietnam Era Veteran

Signature Date

DEFINITIONS

To be used to complete the Voluntary Self Identification Form

A Individual with a disability is any person who (1) has a physical or mental impairment that substantially limits one or more of that person's major life activities, (2) has a record of such impairment or (3) is regarded as having such an impairment.

A disabled veteran is one entitled to disability compensation of 30 percent or more under laws administered by the Veterans Administration, or veterans discharged from active duty for a disability incurred or aggravated in the line of duty.

A "Vietnam Era" veteran is a person who (1) served on active duty for more than 180 days anytime between August 5, 1964 and May 7, 1975, and was discharged or released other than dishonorably, or (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.

| | |
|----------------------------|---|
| White | (Persons not of Hispanic origin, having origins in any of the original people of Europe, North African or the Middle East.) |
| African American | (Persons not of Hispanic origin, having origins in any of the Black racial groups of Africa) |
| Hispanic | (Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.) |
| Asian or Pacific Islander | (Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.) |
| American Indian or Alaskan | (Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.) |



Linden
RESOURCES
Exceeding Expectations

AUTHORIZATION FOR RELEASE OF EMPLOYEE INFORMATION (EMPLOYMENT PURPOSE)
TO BE COMPLETED BY APPLICANT/EMPLOYEE (PLEASE PRINT LEGIBLY OR TYPE)

NAME: _____
Last Name Maiden or Other Name M.I. First Name M.I.

DATE OF BIRTH: ____/____/____ SOCIAL SECURITY # _____
Month Day Year

SEX _____ RACE _____ Note: select White for Mexican or Latino
Race selection options (Asian; American Indian/Alaskan; Black; White; Unknown)

DRIVER'S LICENSE #: _____ STATE: _____

ADDRESS: _____
STREET ADDRESS

CITY: _____ STATE: _____ ZIP CODE _____

APPLICANT/EMPLOYEE SIGNATURE: _____

Applicant Authorization

Without reservation, I authorize this employer or any party or agency contacted by this employer to obtain or furnish information concerning employment and education history. I understand that inquiries may be made to various federal and state agencies, employers, references, acquaintances and others seeking information as to my personal characteristics, employment status, general reputation, and mode of living.

SIGNATURE:

PRINT FULL NAME:

DATE: