

NEW EMPLOYEE APPLICATION

NEW TECH MINING, INC

PLEASE COMPLETE IN INK. Read and Complete all of this form. New Tech Mining, Inc is an Equal Opportunity Employer. Fill out completely or enter "NA", but leave nothing blank. Sign the back.

Mail to: P.O. Box 793
Blountville, TN 37617

Fax to: 423-323-5194

SECTION A. TO BE COMPLETED BY NEW TECH MINING, INC

EFFECTIVE DATE	GROUP	OFFICE	RATE	LOCATION	SUPERVISOR
----------------	-------	--------	------	----------	------------

SECTION B. NEW EMPLOYEE INFORMATION

SOCIAL SECURITY NUMBER	LAST NAME, FIRST NAME, MI	HOME PHONE	CELL PHONE	
STREET ADDRESS	CITY	STATE	ZIP	COUNTY
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	<input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	PREVIOUSLY RETIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU CURRENTLY EMPLOYED SOMEWHERE ELSE? <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT DRIVER'S LICENSE #	COMMERCIAL LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE OF BIRTH	VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMAIL ADDRESS	HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE OTHER THAN MINOR TRAFFIC? IF YES, PLEASE EXPLAIN:	<input type="checkbox"/> YES <input type="checkbox"/> NO		

SECTION C. HISTORY (IF MORE ROOM IS NEEDED, LIST ON A SEPARATE SHEET)

LICENSE/CERTIFICATION/TRAINING	DATE RECEIVED	DATE EXPIRES	ISSUED BY WHO OR WHAT LOCATION RECEIVED	LICENSE NO.
1.				
2.				
3.				

SPECIAL TRAINING, JOB SKILLS, AND QUALIFICATION: ON THE FOLLOWING FOUR LINES LIST ANY JOB RELATED TRAINING OR SKILLS AND WHAT EQUIPMENT YOU CAN USE. PLEASE TELL HOW LONG YOU HAVE HAD EXPERIENCE USING THE PARTICULAR EQUIPMENT

	HOW LONG?
1.	
2.	
3.	
4.	

EMPLOYMENT HISTORY: BEGIN WITH YOUR LAST JOB AND WORK BACK. GIVE A BRIEF SUMMARY OF THE RESPONSIBILITIES

POSITION OR TITLE:	IMMEDIATE SUPERVISOR NAME:	
EMPLOYER:	SUPERVISOR'S TELEPHONE NUMBER:	
ADDRESS OR MINE NAME:	IF YOU SUPERVISED, HOW MANY EMPLOYEES:	
CITY: STATE: ZIP:	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	
EMPLOYER'S PHONE NO. WITH AREA CODE:	CURRENT OR FINAL SALARY FOR THIS JOB:	
STARTED JOB ON THIS DATE	LEAVING DATE	REASON FOR LEAVING

EXPLAIN YOUR WORK RESPONSIBILITIES FOR THIS JOB:

POSITION OR TITLE:	IMMEDIATE SUPERVISOR NAME:	
EMPLOYER:	SUPERVISOR'S TELEPHONE NUMBER:	
ADDRESS OR MINE NAME:	IF YOU SUPERVISED, HOW MANY EMPLOYEES:	
CITY: STATE: ZIP:	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	
EMPLOYER'S PHONE NO. WITH AREA CODE:	FINAL SALARY FOR THIS JOB:	
STARTED JOB ON THIS DATE	LEAVING DATE	REASON FOR LEAVING

EXPLAIN YOUR WORK RESPONSIBILITIES FOR THIS JOB: