

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:

POSITION OR TITLE:		IMMEDIATE SUPERVISOR NAME:	
EMPLOYER:		SUPERVISOR'S TELEPHONE NUMBER:	
ADDRESS OR MINE NAME:		IF YOU SUPERVISED, HOW MANY EMPLOYEES:	
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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:

SECTION D. EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	DATES ATTENDED		HOURS COMPLETED	TYPE OF CERTIFICATE OR DIPLOMA	AREA OF STUDY OR FIELD OF LEARNING
		FROM	TO			

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete and I understand that any misstatement, falsification, or omission of information may be grounds or refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States.
3. I understand that New Tech Mining, Inc may check with state agencies for any criminal history in accordance with applicable statutes.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

THIS APPLICATION MUST BE SIGNED SIGN HERE: _____
Signature - Applicant Date