

APPLICATION FOR EMPLOYMENT

K-3 Resources et al

P.O. Box 2236

Alvin, Tx 77512

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Name _____ Date of Application _____
Last First Middle

SSN: _____ - - _____ Date of Birth _____ / _____ / _____
Month Day Year

DL / ID #: _____ DL / ID State _____

TO BE READ AND SIGNED BY APPLICANT

I authorize K-3 Resources/Biosolids Management Inc. (otherwise known as K-3/BMI) to make such investigations and inquiries of my personal, employment, financial or medical history, and other related matters as may be necessary in arriving at an employment decision (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). I fully understand that this release acknowledges that K-3/BMI may now, or at any time while I am employed, request a consumer report containing information for verification of background and personal character. I hereby release and request all persons, employers, schools, health care providers, businesses, corporations, credit bureaus, courts, law enforcement, armed forces, employment commissions, and all government agencies to release the abstract of driving records and/or other information without restriction or qualification.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of K-3 Resources LP et al. I understand that employment at K-3 Resources LP et al is considered to be "employment at will." This means that either party may terminate the relationship at any time, with or without notice.

Applicants/employees are subject to rejection or termination, if background (criminal/MVR) checks result in negative feedback. All results will be proprietary and kept confidential and will not be provided to any parties other than K-3 Resources LP et al or its legal representatives or as required by law.

I have the right, with proper identification to dispute the accuracy or completeness of any information contained in my background check report(s).

Pre-employment Urinalysis Consent

I understand that as a condition of employment, all prospective applicants must submit to a drug/alcohol test as required by the Department of Transportation and K-3 Resources LP et al. I understand that if I test positive for abuse of controlled or illegal substances, no further consideration will be given to my application.

The MRO for the testing company will maintain the results of the test and will report them as positive or negative. If results are positive, all controlled substances for which the test were positive will be reported. Commercial driving employees are subject to DOT drug and alcohol testing. These results will not be released to any other party without my written authorization.

_____ Date

_____ Applicant's Signature

Position Applied for _____

Name _____
Last First Middle

List Residency for last 3 years:

Current Address

Street City

State Zip Code Phone _____ How Long? _____

Previous Addresses

Street City State & Zip Code How Long? _____

Street City State & Zip Code How Long? _____

Street City State & Zip Code How Long? _____

Do you have the legal right to work in the United States? Yes No (circle one)

Have you worked for this company before? _____ If so, where? _____

Dates: From _____ To _____ Pay Rate _____ Position _____

Reason for Leaving? _____

Are you presently employed? _____ If not, how long since last employment? _____

Who referred you? _____ Pay rate desired _____

Are you available to work nights and/or weekends? Yes No

MILITARY SERVICE (A copy of a report of separation from the Armed Services may be required.)

Have you ever served in the armed forces? Yes No If yes, list type of discharge status _____

If less than honorable, please explain: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? Yes No
If yes, please explain. _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a crime or subjected to a deferred adjudication on a criminal charge? Yes No
 If your answer is "Yes," explain below in concise detail giving the date(s) and nature of the offense(s), the name(s) and location(s) of the court(s), and the disposition(s) of the case(s). You may add a separate sheet of paper if necessary.

A conviction may not disqualify you, but a false statement will.

- (circle one)
- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? **Yes** **No**
- B. Have you ever had any license, permit or privilege revoked or suspended? **Yes** **No**
- C. In the two years preceding date of this application:
1. Have you tested positive on any random or pre-employment controlled substance test? **Yes** **No**
2. Have you refused to take a random or pre-employment controlled substance test? **Yes** **No**
- If you answered yes to any of these question, attach statement giving details.

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended _____ (Name) _____ (City)

EXPERIENCE AND QUALIFICATIONS - OTHER

Describe any trucking, transportation or other experience that may help in your work for K-3/BMI.

List any additional equipment skills or experience not previously stated. _____

Employment History

All applicants must provide the following information on all employers during the preceding 10 years. List complete mailing address, street number, city, state and zip code. Telephone numbers **MUST** be listed.
 (Note: List employers in reverse order starting with the most recent. Add additional sheets as needed.)

Employer _____ From: _____ To: _____
 Address _____ (Mon/Yr) (Mon/Yr)
 City _____ State _____ Zip Code _____ Position: _____
 Contact _____ Salary/Wage _____
 Phone # _____ Reason for Leaving _____

Employer _____ From: _____ To: _____
 Address _____ (Mon/Yr) (Mon/Yr)
 City _____ State _____ Zip Code _____ Position: _____
 Contact _____ Salary/Wage _____
 Phone # _____ Reason for Leaving _____

Employer _____ From: _____ To: _____
Address _____ (Mon/Yr) (Mon/Yr)
City _____ State _____ Zip Code _____ Position: _____
Contact _____ Salary/Wage _____
Phone # _____ Reason for Leaving _____

Employer _____ From: _____ To: _____
Address _____ (Mon/Yr) (Mon/Yr)
City _____ State _____ Zip Code _____ Position: _____
Contact _____ Salary/Wage _____
Phone # _____ Reason for Leaving _____

Employer _____ From: _____ To: _____
Address _____ (Mon/Yr) (Mon/Yr)
City _____ State _____ Zip Code _____ Position: _____
Contact _____ Salary/Wage _____
Phone # _____ Reason for Leaving _____

To Be Read and Signed By The Applicant

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

_____ Date _____ Applicant's Signature

For Office Use Only

Interview Date/Time: _____

Interviewed By: _____

Proceed with Process: (Circle One) Yes No

Rate of Pay Requested: \$ _____ per hour or \$ _____ Annual Salary

Send this application along with the following copies to Human Resources at Fax 281-824-1087

- 1. Completed Non DOT Application
- 2. Notorized Authorization to Receive Workers Compensation case information.

* Human Resources will not process this application unless the packet is complete.

Additional Notes:

