



**Employment Application**  
 PO Box 2446  
 Mt. Lake Park, Maryland 21550  
 Phone: (301) 334-8186  
 Fax: (301) 334-8698

*It is the policy of Pioneer Conveyor to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, national origin, age, disability or veteran status.*

| APPLICANT INFORMATION                                    |                                                                                                                             |                                 |                                                |                              |                             |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------|------------------------------|-----------------------------|
| Last Name                                                |                                                                                                                             | First                           |                                                | M.I.                         |                             |
| Street Address                                           |                                                                                                                             |                                 |                                                |                              |                             |
| City                                                     |                                                                                                                             | State                           |                                                | ZIP                          |                             |
| Daytime Phone                                            |                                                                                                                             | Evening Phone                   |                                                |                              |                             |
| Date Available For Work                                  |                                                                                                                             | Social Security No.             |                                                |                              |                             |
| Position Applied for                                     |                                                                                                                             |                                 | Email Address:                                 |                              |                             |
| Salary                                                   | \$                                                                                                                          | <input type="checkbox"/> Hourly | <input type="checkbox"/> Yearly                |                              |                             |
| Referral Source                                          | <input type="checkbox"/> Newspaper _____<br><input type="checkbox"/> Employee _____<br><input type="checkbox"/> Other _____ |                                 |                                                |                              |                             |
| Are you a citizen of the United States?                  | YES <input type="checkbox"/>                                                                                                | NO <input type="checkbox"/>     | If no, are you authorized to work in the U.S.? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you ever applied for work with this company before? | YES <input type="checkbox"/>                                                                                                | NO <input type="checkbox"/>     | If so, when?                                   |                              |                             |

**\*\*Please provide a copy of all mining certification cards, training slips and a valid drivers' license\*\***

|                                           |                              |                             |                           |  |
|-------------------------------------------|------------------------------|-----------------------------|---------------------------|--|
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain:          |  |
| Are you at least 18 years old?            | YES <input type="checkbox"/> | NO <input type="checkbox"/> | How will you get to work: |  |
| Driver's License Number                   |                              |                             | State Issued              |  |

Who should be contacted if you are involved in an emergency?

Contact Name: \_\_\_\_\_  
 Relationship to you: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

**EDUCATION**

|                |                   |                              |                             |
|----------------|-------------------|------------------------------|-----------------------------|
| High School:   |                   | Address:                     |                             |
| To             | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Degree         |                   |                              |                             |
| College:       |                   | Address:                     |                             |
| To             | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Degree         |                   |                              |                             |
| Other:         |                   | Address:                     |                             |
| To             | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Degree         |                   |                              |                             |
| Other Training |                   | Awards, Honors, Etc.         |                             |

**PREVIOUS EMPLOYMENT**

|                                                                                                                                                                                                                  |  |    |  |                    |            |                              |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----|--|--------------------|------------|------------------------------|-----------------------------|
| Company                                                                                                                                                                                                          |  |    |  |                    | Phone      | ( )                          |                             |
| Address                                                                                                                                                                                                          |  |    |  |                    | Supervisor |                              |                             |
| Job Title                                                                                                                                                                                                        |  |    |  | Starting Salary    | \$         | Ending Salary                | \$                          |
| Work Performed                                                                                                                                                                                                   |  |    |  |                    |            |                              |                             |
| From                                                                                                                                                                                                             |  | To |  | Reason for Leaving |            |                              |                             |
| May we contact your previous supervisor for a reference?                                                                                                                                                         |  |    |  |                    |            | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Company                                                                                                                                                                                                          |  |    |  |                    | Phone      | ( )                          |                             |
| Address                                                                                                                                                                                                          |  |    |  |                    | Supervisor |                              |                             |
| Job Title                                                                                                                                                                                                        |  |    |  | Starting Salary    | \$         | Ending Salary                | \$                          |
| Work Performed                                                                                                                                                                                                   |  |    |  |                    |            |                              |                             |
| From                                                                                                                                                                                                             |  | To |  | Reason for Leaving |            |                              |                             |
| May we contact your previous supervisor for a reference?                                                                                                                                                         |  |    |  |                    |            | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Company                                                                                                                                                                                                          |  |    |  |                    | Phone      | ( )                          |                             |
| Address                                                                                                                                                                                                          |  |    |  |                    | Supervisor |                              |                             |
| Job Title                                                                                                                                                                                                        |  |    |  | Starting Salary    | \$         | Ending Salary                | \$                          |
| Work Performed                                                                                                                                                                                                   |  |    |  |                    |            |                              |                             |
| From                                                                                                                                                                                                             |  | To |  | Reason for Leaving |            |                              |                             |
| May we contact your previous supervisor for a reference?                                                                                                                                                         |  |    |  |                    |            | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <p>PLEASE USE THIS AREA TO LIST ANY SKILLS THAT MAY BE USEFUL FOR THE JOB YOU ARE SEEKING AND HOW MANY YEARS OF EXPERIENCE YOU HAVE.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |  |    |  |                    |            |                              |                             |
| <b>MILITARY SERVICE</b>                                                                                                                                                                                          |  |    |  |                    |            |                              |                             |
| Branch                                                                                                                                                                                                           |  |    |  |                    | From       |                              | To                          |
| Rank at Discharge                                                                                                                                                                                                |  |    |  | Type of Discharge  |            |                              |                             |

If other than honorable, explain

**REFERENCES**

*Please list three people who would be willing to provide a reference for you.*

|           |              |
|-----------|--------------|
| Full Name | Relationship |
| Company   | Phone ( )    |
| Address   |              |
| Full Name | Relationship |
| Company   | Phone ( )    |
| Address   |              |
| Full Name | Relationship |
| Company   | Phone ( )    |
| Address   |              |

**DISCLAIMER AND SIGNATURE**

I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application, or if employment commences immediate termination.

I authorize Pioneer Conveyor. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I authorize Pioneer Conveyor. to conduct background checks. Any information will be held confidential with Pioneer Conveyor.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Human Resources Manager, the employment relationship will be entirely voluntary in nature. In other words, with appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer would have the same right. Moreover, no agent, representative, or employee of Pioneer Conveyor. except in a specific written contract of employment signed on behalf of the organization by its Human Resources Manager, has the power to alter or vary the voluntary nature of the employment relationship.

**I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS:**

|           |  |      |  |
|-----------|--|------|--|
| Signature |  | Date |  |
|-----------|--|------|--|

APPLICATIONS WILL ONLY BE HELD ON FILE FOR 6 MONTHS.