

XCEED RESOURCES

201 B N. Clark
 El Paso, Texas 79905
 Ph. (915)779-6431

P.O. Box 9091
 El Paso, Texas 79995
 Fax (915)779-4754

We consider applicants for all positions without regard to race, color, religion, sexual orientation, national origin, age, creed, gender, marital or veteran status, disability, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

PLEASE COMPLETE ENTIRE APPLICATION Date _____

Position Applied for: _____

Date you can start _____ Hourly rate/Salary desired _____

Name _____

Last First Middle Maiden

Present Address _____

Street City State Zip Code

E-mail Address _____

Telephone (_____) _____ Social Security No. XXX - XX - _____

Are you eligible to work in the U.S.? Yes No

Are you at least 18 years or older (If no, you may be required to provide authorization to work) Yes No

If applying for Supervisor position, are you over the age of 21? Yes No

Have you ever been terminated from employment or asked to resign by an employer? Yes No

Can you work overtime, including weekends? Yes No

Are you able to perform the essential functions of the job for which you are applying with or without a reasonable accommodation? Yes No

Referral Source

How did you hear about us: Walk-in Advertisement Referral Other _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY OR NO CONTEST (NOLO CONTENDRE) TO, OR RECEIVED PROBATION, SUSPENSION, DEFERRED ADJUDICATION OR PRE-TRAIL DIVERSION FOR A FELONY OR OFFENSE? No Yes

If yes, please explain:

Conviction of a felony is not an automatic bar to employment. Xceed Resources will consider the nature, date, and relationship between the offense and the ~~position~~ for which you are applying.) Attach a separate sheet if additional space is required.

LIST ALL CURRENT AND VALID LICENSES YOU MAY HOLD: (DRIVERS, ELECTRICIAN, ETC.)

TYPE _____ STATE/NUMBER _____ EXPIRATION DATE _____

Have you had any accidents during the past three years? _____ How many? _____

Have you had any moving violations during the past three years? _____ How many? _____

Give the name of two persons **not related** to you, whom you have known at least three (3) years

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone (_____) _____ Telephone (_____) _____

Explain any special training or experience which qualifies you for the position for which you have applied.

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary. *Incomplete information could disqualify you from further consideration.*

Name of Employer _____ Name of last Supervisor _____

Phone Number (_____) _____ Employment Dates: From _____ To _____

Address (Street, City, State, Zip Code) _____

Pay or Salary: Start _____ Final _____

Reason for leaving (be specific)

List the position(s) you held, duties performed, skills used or learned, accomplishments you met.

May we contact this employer? Yes No

Name of Employer _____ Name of last Supervisor _____

Phone Number_(_____) _____ Employment Dates: From _____ To _____

Address (Street, City, State, Zip Code) _____

Pay or Salary: Start _____ Final _____

Reason for leaving (be specific)

List the position(s) you held, duties performed, skills used or learned, accomplishments you met.

May we contact this employer? Yes No

Name of Employer _____ Name of last Supervisor _____

Phone Number_(_____) _____ Employment Dates: From _____ To _____

Address (Street, City, State, Zip Code) _____

Pay or Salary: Start _____ Final _____

Reason for leaving (be specific)

List the position(s) you held, duties performed, skills used or learned, accomplishments you met.

May we contact this employer? Yes No

Please read carefully

APPLICATION FROM WAIVER

In exchange for the consideration of my job application by Xceed Resources, (hereinafter called “the Company”), I agree that:

Neither the acceptance of this application or the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manual, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Xceed Resources or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Director of the Company. Both the undersigned and Xceed Resources may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts calls for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability because of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment: (2) consent to and compliance with such policy is a condition of employment: and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I further understand that my employment with the Company shall be Introductory for a period of ninety (90) days and further that at any time during the Introductory period or thereafter, my employment relation with the Company is terminable “at will” for any reason by either party.

Signature of applicant _____ Date _____

Thank you for completing this application form and for your interest in our business

MGR #1 _____
MGR #2 _____

OFFICE USE ONLY

From	To	Reason for change

Approved by & date:	Originated by:
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