

# APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. ALL EMPLOYEES WILL BE CONSIDERED FOR EMPLOYMENT WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE, ANCESTRY, NATIONAL ORIGIN, MARITAL STATUS, VETERAN STATUS, MEDICAL CONDITIONS, HANDICAP, PHYSICAL OR MENTAL DISABILITY, SEXUAL ORIENTATION OR ANY OTHER STATUS PROTECTED BY LAW.

## PERSONAL

CLEARLY PRINT ALL INFORMATION

Date \_\_\_\_\_

\_\_\_\_\_  
 Name (Last, First, Middle)                      Social Security Number                      Birthday

\_\_\_\_\_  
 Street Address    City, State, Zip

\_\_\_\_\_  
 Telephone Number    Do you have a valid driver's license? [ ] Yes [ ] No  
 License Number \_\_\_\_\_ Issuing State \_\_\_\_\_

Position applied for: \_\_\_\_\_

Type of employment desired. [ ] Full-Time [ ] Part-Time [ ] Seasonal \_\_\_\_\_ Will you work overtime? [ ] Yes [ ] No

Can you provide proof of your legal right to work in the United States? [ ] Yes [ ] No  
 (You will be required to complete employment eligibility verification form I-9 when hired)

Will you be able to perform safely and efficiently all functions of the job(s) for which you are assigned? [ ] Yes [ ] No  
 If no, please explain \_\_\_\_\_

Emergency Contact person and phone number \_\_\_\_\_

Employees for certain positions will be required to undergo a physical examination including drug, and alcohol testing to ensure that they can safely and effectively perform the job for which they are assigned.

Will you take a physical examination or testing if required for pre-employment screening? [ ] Yes [ ] No

Will you comply with the safety, work, attendance and employment policies of our organization? [ ] Yes [ ] No

Have you ever been convicted of a felony? [ ] Yes [ ] No

Are you a veteran? [ ] Yes [ ] No Branch of service: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

## EDUCATION

School	Name & Location of School	Course of Study	Years Completed	Did you Graduate?	Degree or Diploma
Graduate School					
College					
Trade School					
High School					
Other					

# EMPLOYMENT HISTORY

(List last 10 years of employment beginning with most recent-attach additional pages if necessary)

Company Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 \_\_\_\_\_ Position & Pay Rate: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ May we Contact? \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_

Company Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 \_\_\_\_\_ Position & Pay Rate: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ May we Contact? \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_

Company Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 \_\_\_\_\_ Position & Pay Rate: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ May we Contact? \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_

# REFERENCES

Name	Occupation	Years Known & Relationship	Telephone Number

Check this box if you have attached additional papers to this document.

### CERTIFICATION AND RELEASE:

1. I understand that this application form is intended for use in evaluating my qualifications for employment.
2. I understand that this is NOT an employment contract.
3. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, termination of the employment relationship.
4. I understand that, if an offer of employment is extended and accepted that my employment relationship is AT-WILL and can be terminated by either party at any time and for any reason.
5. By my signature below, I agree to submit to drug testing to detect the use of illegal drugs prior to and during my employment.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

**EXHIBIT B  
AGREEMENT AND WAIVER**

In consideration of my assignment to CLIENT by Employers Organization Group I agree that I am solely an employee of Employers Organization Group, Inc for benefits plan purposes and that I am eligible only for such benefits as LEASING FIRM may offer to its employees. I further understand and agree that I am not eligible for or entitled to participate in any benefit plan offered by CLIENT, its parents, affiliates, subsidiaries, or successors to any of its direct employees, regardless of the length of my assignment to CLIENT by Employers Organizaiton Group and regardless of whether I am held to be a common-law employee of CLIENT for any purpose, and therefore, with full knowledge and understanding, I hereby expressly waive any claim or right that I may have, now or in the future, to such benefits and agree not to make any claim for such benefits.

**ASSIGNED EMPLOYEE**

**EMPLOYERS ORGANIZATION GROUP, INC.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**EXHIBIT D  
ASSIGNED EMPLOYEE CONFIDENTIALITY AGREEMENT**

Date: \_\_\_\_\_

As a condition of my assignment by EOG, INC to CLIENT, I hereby acknowledge and agree as follows: will not use, disclose, or in any way reveal or disseminate to unauthorized parties any information I gain through contact with materials or documents that are made available through my assignment at CLIENT or that I learn about during such assignment. I will not disclose or in any way reveal or disseminate any information pertaining to CLIENT or its operating methods and procedures that come to my attention as a result of this assignment.

Under no circumstances shall I remove copies or documents from the premises of CLIENT.

I understand that I shall be responsible for any direct or consequential damages resulting from any violation of this agreement. The obligations of this Agreement shall survive my employment by EOG, INC.

**ASSIGNED EMPLOYEE**

**WITNESS**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date