



APPLICATION FOR EMPLOYMENT

PRINT IN BLACK/BLUE INK OR TYPE: These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "N/A." **Do not leave questions blank.** Be sure to sign when completed. IOC Company LLC is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

NAME _____ Social Security No. _____ - _____ - _____

MAILING ADDRESS _____ PHONE: (_____) _____ - _____

Date of Application: _____

List position or type of work for which you wish to apply:

Full-Time Part-Time Summer Temp/Project

Date available for work? _____ Are you willing to work hours other than 8-5? _____

What days are you unable to work? _____

Are you willing to Travel? Yes or No (circle one) if yes what percent of time? _____

Driver's License # (if required for position) _____ Commercial Drivers License? Yes or No

Are you at least 17 years of age? Yes or No (circle one)

Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge? Yes or No (circle one) if your answer is **"Yes,"** explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case (s). A conviction may not disqualify you, but a false statement will. Note: Some state agencies may require additional information related to convictions of misdemeanors.

EDUCATION (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.) Indicate Highest Grade Completed: **1 2 3 4 5 6 7 8 9 10 11 12** Did you graduate from high school or receive GED? Yes or No (circle one)

TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL	DATES ATTENDED FROM/ TO	DATE GRADUATED MONTH/YEAR
GRADUATE SCHOOL			

**TECHNICAL,
VOCATIONAL, OR
BUSINESS SCHOOLS**

WORK HISTORY

This information will be the official record of your work history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment, Begin with your current or last position and work back to your first.
2. Work history should include each position held, even those with the same employer.
3. EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESS, INCLUDING ZIP CODE.
4. Give a brief summary of the technical and if appropriate, the managerial responsibilities of each position you have held.
5. For supervisory/managerial positions, indicate the number of employees you supervised.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

Name: _____
Last, First, Middle Social Security Number

<u>WORK EXPERIENCE</u>					
FROM _____ _____	TO _____ _____	EMPLOYERS NAME	_____ _____ _____	Pay Rate: _____	PHONE _____ _____ _____
JOB TITLE _____			ADDRESS _____ _____		
Immediate Supervisor and title _____					
Nature of the work and responsibilities and reason for leaving: _____ _____ _____					

<u>WORK EXPERIENCE</u>					
FROM _____ _____	TO _____ _____	EMPLOYERS NAME	_____ _____ _____	Pay Rate: _____	PHONE _____ _____ _____
JOB TITLE _____			ADDRESS _____ _____		

Immediate Supervisor and
title _____

Nature of the work and responsibilities and reason for leaving:

WORK EXPERIENCE

FROM _____ _____	TO _____ _____	EMPLOYERS NAME	_____ _____ _____	Pay Rate: _____	PHONE _____ _____ _____
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JOB TITLE _____	ADDRESS _____ _____
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Immediate Supervisor and
title _____

Nature of the work and responsibilities and reason for leaving:

WORK EXPERIENCE

FROM _____ _____	TO _____ _____	EMPLOYERS NAME	_____ _____ _____	Pay Rate: _____	PHONE _____ _____ _____
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JOB TITLE _____	ADDRESS _____ _____
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Immediate Supervisor and
title _____

Nature of the work and responsibilities and reason for leaving:

WORK EXPERIENCE

FROM _____ _____	TO _____ _____	EMPLOYERS NAME	_____ _____ _____	Pay Rate: _____	PHONE _____ _____ _____
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JOB TITLE _____	ADDRESS _____ _____
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Immediate Supervisor and
title _____

Nature of the work and responsibilities and reason for leaving:

AN EQUAL OPPORTUNITY EMPLOYER

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE CERTIFICATION	DATE ISSUED	DATE EXPIRES	ISSUED BY/LOCATION OF ISSUING AUTHORITY	LICENSE NO.

Special Training/skills/qualifications: List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment types of software and hardware.

Approximately how many words per minute do you type? _____

Do you speak a language other than English? _____ If yes, what language do you speak? _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTAND 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 for 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 U.S.
3. I understand that some state agencies will check with the Texas Department of Public Safety, the Federal Bureau of investigation or other organizations, 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.
5. I understand that disclosure of my Social Security Number (SSN) is optional. The agency or company to which I am applying may use the SSN for administrative tracking purposes and for identification of individuals. This is in accordance with the Federal Law U.S.C. 552a section 7(b).

THIS APPLICATION MUST BE SIGNED

Signature – Applicant

Date

White (Not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black (Not of Hispanic origin) – All persons having origins in any of the Black racial groups of Africa.

Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

American Indian or Alaskan Native – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.



EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING

I hereby agree, upon a request made under the drug/alcohol testing policy of IOC Company LLC., furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have the Company and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize entity involved in a legal proceeding or investigation connected with test.

I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even is a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT.

Signature of Employee

Signature of company representative

Employee's name- Printed

Company's representative's name- Printed

Date

Date



MATERIALS, L.L.C.

WAGE DEDUCTION AUTHORIZATION AGREEMENT

I understand and agree that my employer IOC Company LLC., may deduct money from my pay from time to time for reasons that fall into the following categories:

- (1) My share of the premiums for the Company's group medical/dental plan.
- (2) Any contributions I may make into a retirement or pension plan sponsored, controlled, or managed by the Company.
- (3) Installment payment on loans, store credit, or wage advances given to me by the Company, including the value of merchandise that I purchase or have purchased on my employee charge account, and if there is a balance remaining when I leave the Company, the balance of such loans, store credits, or advances.
- (4) If I receive an overpayment of wages for any reason, repayment of such overpayments to the Company (I agree that any overpayment of wages is an advance of future wages payable to me and that my employer may deduct all or any part of such an overpayment from any future paychecks that I may earn until the balance of the overpayment is reduce to zero).
- (5) The cost to the Company of personal long-distance calls I may make on Company phones or on Company accounts, of personal faxes sent by me using Company equipment or Company accounts, or of non-work related access to the Internet or other computer networks by me using Company equipment or Company accounts.
- (6) The cost of repairing or replacing any Company supplies, materials, equipment, money, or other property that I may damage (other than normal wear and tear), lose, fail to return, or take without appropriate authorization from the Company during my employment.
- (7) The cost of Company uniforms and of cleaning the uniforms.
- (8) The reasonable cost or fair value, whichever is less, of meals, lodging, and other facilities furnished to me by the Company in connection with my employment and
- (9) Administrative fees in connection with court-ordered garnishment or legally-required wage attachments of my pay, limited in extent to the amount or amounts allowed under applicable laws.
- (10) If I take paid vacation or sick leave in advance of the date I would normally be entitled to it and I separate from the Company before accruing time to cover such advanced leave, the value of such leave taken in advanced that is not so covered.
- (11) The value of any time off for absences to which paid leave is not applied (non-exempt salaried employees will have all such unpaid leave deducted from their salary, while exempt salaried employees will experience salary reductions only in units of a full day at a time) and,
- (12) If my employer pays any insurance premiums or retirement system contributions ("payments") on my behalf that I would normally make under the applicable Company benefit plan, the amount of such payments made by the Company, such payments being and advanced of future wages payable to me.

I agree that the Company may deduct money from my pay under the above circumstances, or if any of the above situations occur.

Signature of Employee

Signature of company representative

Employee's name- Printed

Company's representative's name- Printed

Date

Date