APPLICATION FOR EMPLOYMENT

Company Address City APPLICA	Nova Mud, Inc. 5800 Nova Dr Hobbs, NM 88240 ANT TO COMPLETE ALL INFO	RMATION REQUESTED	Are you app position?	YES IN NO olying for a driver YES INO
laws, qualit to race, col	PLEASE PRINT nce with Federal and State equa fied applicants are considered f or, religion, sex, national origin -job related disability, or any ot	or all positions without re n, age, marital status, veter	y gard ran S.	ation are you applying for? HOBBS, NM ODESSA, TX HONDO, TX
			Date	
Name	Middle	Last	Social Secu	urity No
Present add	Inora			
	No. Street	City	State	Zip
Previous ac		City Email a	State	Zip
Ale you ov	ver the age of 18? Yes 1	COMPANY EXPERIEN	CE	
Have you y	worked for this company before	e? Dates: From		То
	Rate			Month/Year
	leaving Rate			
		GENERAL		
Are you cu	rrently employed?	If not, when was your las	st day employed?	
Position ap	plying for	🗌 Full Time	e 🗌 Part Time	Temporary Seasonal
-	red you?			100 000 V
	ever been bonded? Yes	No No	or Puj	
Have you e	ever been convicted of a felony	? Yes No	0	
If	as surlain fully on a sonerate of	hast of papar Convistion	of a orime is not	an automatic har to

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment -all circumstances will be considered.

	EDUCATIONAL BACKGROUND		
Type of School	Name and City	Did You Graduate?	Course or Major
College			
Technical School			
High School			
Other			

LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

.	COMPANY NAME	DATES	NORKED	POSITION(S) HELD	
		FROM	то		
	ADDRESS, CITY, STATE, ZIP				
1					
		DUTIES / I	RESPONSIBIL	ITIES	
	PHONE NO. ()				
	TYPE OF BUSINESS				
	NAME OF SUPERVISOR	REASON	FOR LEAVING		
	BASE STARTING WAGE HOUR ENDING/CURRENT		NUS	AMOUNT RECEIVED	WORK
	GROSS per VEAR \$ per Y		CENTIVES	\$	HOURS:

2

COMPANY NAME	DAIES WORKED POSITION(S) HELD
	FROM TO
ADDRESS, CITY, STATE, ZIP	
	DUTIES / RESPONSIBILITIES
PHONE NO. ()	
TYPE OF BUSINESS	
NAME OF SUPERVISOR	REASON FOR LEAVING
BASE STARTING WAGE HOUR ENDING H	IOUR BONUS AMOUNT RECEIVED WORK
GROSS per VEAR \$ Per Y	

COMPANY NAME 3

COMPANY NAME	DATES WORKED		POSITION(S) HELD	
	FROM	то		
ADDRESS, CITY, STATE, ZIP				
	DUTIES / RES	PONSIBILITI	IES	
PHONE NO. ()				
TYPE OF BUSINESS				
NAME OF SUPERVISOR	REASON FOR	LEAVING		
BASE STARTING WAGE HOUR ENDING H		5	AMOUNT RECEIVED	WORK
GROSS per VEAR \$ Per Y	EAR DINCEN	TIVES	s	HOURS:

	COMPANY NAME	D	ATES W	ORKED	POSITION(S) HELD	
4		FR	OM	TO		
	ADDRESS, CITY, STATE, ZIP					
1		DUT	TIES / RI	ESPONSIBIL	ITIES	
	PHONE NO. ()					
	TYPE OF BUSINESS					
	NAME OF SUPERVISOR	RE/	SON FO	OR LEAVING		
	BASE STARTING WAGE HOUR ENDING	OUR		US	AMOUNT RECEIVED	WORK
	GROSS per i per			INTIVES	s	WORK HOURS:

		KNOWN			
COMPANY					
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE	
			18 A		
NAME		YEARS	RELATIONSHIP AND TITLE		
COMPANY					
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE	
NAME		YEARS	RELATIONSHIP AND TITLE		
COMPANY					
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE	
			1		
NAME		YEARS KNOWN	RELATIONSHIP AND TI	TLE	
COMPANY					

WORK REFERENCES

RELATIONSHIP AND TITLE

HOME PHONE

YEARS

APPLICANT MUST READ AND SIGN

STATE

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

CITY

NAME

WORK ADDRESS

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.

WORK PHONE