



Florida Canyon Mining, Inc.

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Please print legibly and use only a non-erasable ink pen
An Incomplete Employment Application Will Not Be Given Consideration By
The Florida Canyon Mining, Inc (the Company)

Name: (Last) (First) (Middle)		Other Names Used:
Home Address: (Street) (City) (State/Zip Code)		
Home Phone: ()	Alternative Phone: ()	
Email Address:	Other Contact Details:	
Are you at least 18 years of age? (circle one) Yes No	Are you eligible to work in the USA? (circle one) Yes No (proof of identity and eligibility will be required upon employment)	
Have you ever been terminated by an employer? (circle one) Yes No If yes, why?	Who referred you to us? Agency <input type="checkbox"/> Employee <input type="checkbox"/> Ad <input type="checkbox"/> Other <input type="checkbox"/> <input type="text"/>	
Position Applying For:		
Previous Application: (circle one) Yes No Date:		
Are you able to perform the essential functions of the position to which you are applying for with or without accommodation? (circle one) Yes No <i>If you have not received a copy of the relevant job description please circle NA.</i>		
If necessary for the position you are applying for, can you work:(circle one) Shift Work Yes No Overtime Yes No Weekends Yes No		
If necessary for the position you are applying for, can you provide a valid Nevada Driver License? (circle one) Yes No		
When are you available to begin work?		
Have you ever worked for the Company in the past? If yes, when		



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WORK EXPERIENCE

Provide complete information for all employers for the last 10 years (add an additional sheet of paper if necessary)

Current Employer

May we contact your current employer? (circle one) Yes No

Employer Name:	Telephone:	
Address: (Street)	(City)	(State/Zip Code)
Job Title/Position:	Supervisor's Name:	
Specific Duties:		
Date From:	Date To:	
Rate Of Pay:\$	Monthly	Hourly
Reason For Leaving:		
Previous Employers		
Employer Name:	Telephone:	
Address: (Street)	(City)	(State/Zip Code)
Job Title/Position:	Supervisor's Name:	
Specific Duties:		
Date From:	Date To:	
Rate Of Pay:\$	Monthly	Hourly
Reason For Leaving:		
Employer Name:	Telephone:	
Address: (Street)	(City)	(State/Zip Code)
Job Title/Position:	Supervisor's Name:	
Specific Duties:		
Date From:	Date To:	
Rate Of Pay:\$	Monthly	Hourly
Reason For Leaving:		



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EDUCATION

	Institution Name	Field of Study	Graduated(circle one)
High School		NA	Yes No
GED		NA	Yes No
College/University			Yes No
Business/Technical			Yes No
Professional			Yes No
Other:			

SKILLS & QUALIFICATIONS

Other qualifications such as special skills, abilities or honors that you wish to be considered:

Computers and software you are qualified to operate (or repair):

Professional licenses, certificates or registration:

Additional skills or information you wish to bring the attention of the Company:

Do you have a current MSHA 5000-23? (circle one) Yes No If yes, when were you last trained?

REFERENCES

List two personal references who are not family members or former supervisors

Name: (Last) (First)	
Home Address: (Street) (City) (State/Zip Code)	
Phone:()	Years Known: Relationship:
Name: (Last) (First)	
Home Address: (Street) (City) (State/Zip Code)	
Phone:()	Years Known: Relationship:



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AUTHORIZATION AND RELEASE

I, the undersigned applicant, hereby certify that the facts set forth in this Employment Application are true and complete. I authorize Florida Canyon Mining, Inc. (the Company) and its agents to verify their accuracy and obtain reference information on my previous employment, work experience, skills, qualifications and education.

Further, I authorize my previous employers, schools, persons or other institutions to release to the Company and its agents any information regarding my previous employment, work experience, skills, qualifications and education. I agree that the Company, its agents, previous employers, schools, institutions or related persons as set out above shall not be held liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions, or answers made by me on this Employment Application.

I understand that:

1. the completion of this Employment Application neither constitutes an offer of employment nor an obligation on the part of the Company to hire me; and
2. if I am employed by the Company on the basis of falsified statements of any kind or omissions of facts necessary to the completion of this Employment Application shall be considered sufficient basis for dismissal; and
3. should an employment offer be extended and accepted by me that I will fully adhere to the policies, rules and regulations as may be in effect at the time of my employment or as changed, modified or amendment from time to time by the Company; and
4. in the event of an offer of employment, that such employment is at all times "at-will" and can be terminated by myself or the Company at any time with or without notice or cause.

Print Applicant's Full Name

Signature of Applicant

Date

THE COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER