

Job Application for Employment

For Office Use Only

Hourly Pay Rate: _____

Salary Pay Rate: _____

☐ Part-Time ☐ Full-Time

Application must be filled out **COMPLETELY**. Only applications that are complete, legible, and signed will be considered. Resumes may be attached but **NOT** as a substitute. Only applications that are complete, legible, and signed will be considered. Do not apply if you do not meet the qualifying requirements for the position.

XYMOGEN takes pride in providing a drug-free, healthful, and safe workplace. All eligible candidates will be subject to a drug test screening and background check.

La aplicacion de trabajo debe ser llenada en su **TOTALIDAD**. Solamente se tomara en consideración las aplicaciones de trabajo que estén llenas completamente, que sean legibles y esten firmadas. Se podran adjuntar copia de su resume, pero **NO** como sustituto. Por favor, no aplique si no cumple con los requisitos de calificación para este puesto.

XYMOGEN se enorgullece de ofrecer un lugar de trabajo seguro, saludable y libre de drogas. Todos los candidatos elegibles estarán sujetos a una prueba de detección de drogas y a una verificación de antecedentes.

*** Required / Requerido**

PERSONAL DATA

* Date: _____ * Position Applying For: _____

* Employment Desired: ☐ Full-Time ☐ Part-Time

* Name: _____
Last First Middle Maiden

* Present Address: _____
Street City State Zip Code

* Home Phone: _____ * Mobile Phone: _____

* Email: _____

* Emergency Contact: _____ * Phone: _____ * Relationship: _____

Secondary Contact: _____ Phone: _____ Relationship: _____

* If you are under 18 years of age, please specify your age: _____ (This information will be used only for child labor law purposes.)

* Are you able to speak / read / write in English? ☐ Yes ☐ No

* Are you available to travel? ☐ Yes ☐ No

* Will you work overtime, if required? ☐ Yes ☐ No

* Are you currently working? ☐ Yes ☐ No

* If so, may we contact for reference? ☐ Yes ☐ No

* When will you be able to start work? _____

* Are there any days, shifts or hours you will not work? ☐ Yes ☐ No

If yes, please explain: _____

* Do you have reliable transportation to get to and from work for your scheduled shift? ☐ Yes ☐ No

PERSONAL DATA

- * Have you ever been found at fault in a civil action for an intentional tort (commission of a wrongful act)? ☐ Yes ☐ No

Note: Answering "Yes" does not automatically exclude you from further consideration for the position.

If yes, include nature of the intentional tort and the deposition of the action:

- * Are you legally authorized to work in the United States? ☐ Yes ☐ No

- * Will you now or in the future require sponsorship for employment visa status (e.g. H-1B visa status)? ☐ Yes ☐ No

Note: The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work, every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

- * How did you learn of the Company? ☐ Glassdoor ☐ Indeed ☐ LinkedIn ☐ University
☐ Internet Search / Other: _____
☐ Referral: _____
Employee Name

- * Have you ever applied or worked for XEC, LLC (a.k.a. XYMOGEN) before? ☐ Yes ☐ No
If yes, provide dates: _____

- * Do you have any friends and/or family members that currently work, or has previously worked, for XEC, LLC? ☐ Yes ☐ No
If yes, provide name(s): _____

MILITARY

If applicable, which branch of the Armed Services have you served under? _____

Are you presently on ACTIVE DUTY or a member of the NATIONAL GUARD? ☐ Yes ☐ No

Date Entered: _____ Discharge Date: _____ Discharge Type: _____

Specialty: _____

EDUCATION

* High School: _____ * Graduate? ☐ Yes ☐ No

* College: _____ * Graduate? ☐ Yes ☐ No

* City, State: _____ * Degree: _____

Trade / Professional School: _____ Graduate? ☐ Yes ☐ No

City, State: _____ Degree: _____

Certification: Type: _____ Expiration: _____

Type: _____ Expiration: _____

Type: _____ Expiration: _____

DRIVING RECORD (This information will be used only for child labor law purposes.)

* Do you have a valid driver's license? ☐ Yes ☐ No State Issued License No.: _____

* Have you had any tickets? ☐ Yes ☐ No

If yes, please explain:

EQUIPMENT MAINTENANCE

* Do you have heavy equipment / maintenance experience? ☐ Yes ☐ No

If yes, please describe:

Heavy Equipment Operated: _____ Years: _____

Heavy Equipment Repaired: _____ Years: _____

Maintenance Experience: Carpentry / Electrical / Plumbing / Other: _____ Years: _____

OFFICE SKILLS

* Rate computer proficiency on a scale from 1 to 5, with 5 being expert level: _____

* Are you familiar with Microsoft Office? ☐ Yes ☐ No

Any other operating system knowledge? If so, please list: _____

* Please, list any computer software and computer systems with which you are familiar:

WORK EXPERIENCE

Please list your work experience for the past **SEVEN** years beginning with your most recent job held. If you were self-employed, give firm name.

* Employer / Company: _____

* Address: _____
Street City State Zip Code

* Phone: _____ * Supervisor Name: _____

* Employment Date From: _____ Starting Salary: _____

* Employment Date To: _____ Final Salary: _____

* If currently working, may we contact for employment verification? ☐ Yes ☐ No

* Summarize the duties you performed, skills used or learned, support or supervisory held and any promotions:

* Employer / Company: _____

* Address: _____
Street City State Zip Code

* Phone: _____ Supervisor Name: _____

* Employment Date From: _____ Starting Salary: _____

* Employment Date To: _____ Final Salary: _____

* Summarize the duties you performed, skills used or learned, support or supervisory held and any promotions:

*** Required / Requerido**

* Employer / Company: _____

* Address: _____
Street City State Zip Code

* Phone: _____ Supervisor Name: _____

* Employment Date From: _____ Starting Salary: _____

* Employment Date To: _____ Final Salary: _____

* Summarize the duties you performed, skills used or learned, support or supervisory held and any promotions:

* Employer / Company: _____

* Address: _____
Street City State Zip Code

* Phone: _____ Supervisor Name: _____

* Employment Date From: _____ Starting Salary: _____

* Employment Date To: _____ Final Salary: _____

* Summarize the duties you performed, skills used or learned, support or supervisory held and any promotions:

* Please explain any gaps in your employment history:

* Have you ever been discharged or forced to resign? ☐ Yes ☐ No

If yes, please explain:

* Have you signed any **non-competition agreement** with any other employer that might restrict you from working for XEC, LLC? ☐ Yes ☐ No

(You may be required to furnish a copy of the agreement)

If yes, please explain:

*** Required / Requerido**

* Have you signed any **non-solicitation agreement** with any other employer that might restrict you from working for XEC, LLC?

☐ Yes ☐ No

(You may be required to furnish a copy of the agreement)

If yes, please explain:

* Have you signed any **non-disclosure agreement** with any other employer that might restrict you from working for XEC, LLC?

☐ Yes ☐ No

(You may be required to furnish a copy of the agreement)

If yes, please explain:

CHARACTER REFERENCES

Please list two character references OTHER than relatives or previous employers:

Name: _____

Email Address: _____

Phone: _____

Relation: _____

Years Known: _____

Which character traits will they confirm about you?

(check all that apply)

☐ Trustworthy ☐ Dependable

☐ Responsible ☐ Loyal

☐ Other:

Name: _____

Email Address: _____

Phone: _____

Relation: _____

Years Known: _____

Which character traits will they confirm about you?

(check all that apply)

☐ Trustworthy ☐ Dependable

☐ Responsible ☐ Loyal

☐ Other:

Application Form Waiver

PLEASE READ CAREFULLY

I certify that all information I have provided in order to apply for and secure work with XEC, LLC is true, complete and correct to the best of my knowledge.

I expressly authorize, without reservation, XEC, LLC, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I authorize XEC, LLC to obtain criminal background reports and/or investigative criminal background reports for the pre-employment background investigation, and, if I am hired, at any time during my employment. I understand that these reports might include, but are not limited to, a search of my criminal background, reference checks, driving record checks, and verification of my identification and Social Security Number. I agree that this Disclosure/Authorization, in original or copy form, is valid for all current and future criminal background reports. I understand that the Company may use such criminal background reports for employment purposes, including, but not limited to, hiring, promotion, retention, and termination. I consent to allow the medical center to take a specimen of my hair, urine, or blood and submit it for pre-employment, random, or reasonable suspicion drug test screen since XEC, LLC is a Drug Free Workplace. I further consent to allow the laboratory testing service to make the results of such screen available to the employer and allows up to five (5) days to contest a positive test result.

I understand that XEC, LLC does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law. I understand that this application remains current for only 12 months. At the conclusion of that time, if I have not heard from XEC, LLC and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that a two week notice will be required should I elect to terminate my employment. XEC, LLC reserves the right to terminate my employment at any time, with or without cause with the exception of States that may be required by law. Unused accrued vacation/PTO will be forfeited upon termination of employment. **This application does not constitute an agreement or contract for employment for any specified period or definite duration.** I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

XEC, LLC encourages an accident free workplace as safety is our number one priority. I understand that XEC, LLC is a Manufacturing company, where a large majority of employees are required repetitive heavy lifting, bending and stooping as a job requirement. Upon hire each employee receives a detailed job description that includes the physical demands associated with each individual job duties. XEC, LLC provides a clean, hazardous free, healthy, safe work environment in accordance with the Occupational Safety and Health Act of 1970 (OSHA) and applicable state law.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

XEC, LLC does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law.

I understand that any information provided by me found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment, or may result in my immediate discharge from employment whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

Electronic Signature Agreement

I agree that by typing my name below into the signature box, I am signing this Agreement electronically. I agree my electronic signature is the legal equivalent of my manual signature on this Agreement.

* Printed Name of Applicant: _____ *Phone: _____

* Signature of Applicant: _____ * Date: _____

Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is **voluntary**. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- | | | | |
|-------------|----------------------|--|--|
| • Blindness | • Autism | • Bipolar Disorder | • Obsessive Compulsive Disorder |
| • Deafness | • Cerebral Palsy | • Major Depression | • Post-traumatic Stress Disorder (PTSD) |
| • Cancer | • HIV/AIDS | • Multiple Sclerosis (MS) | • Intellectual Disability (previously called mental retardation) |
| • Diabetes | • Schizophrenia | • Missing limbs or partially missing limbs | • Impairments requiring wheelchair use |
| • Deafness | • Muscular Dystrophy | | |

* Please check one of the boxes below:

- ☐ Yes, I have a disability (or previously had a disability)
- ☐ No, I do not have a disability
- ☐ I do not wish to answer

* Your Name: _____ * Today's Date: _____

Voluntary Self-Identification of Disability

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if your doctor requires you to have a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

Voluntary EEO Identification

NOTE: COMPLETION OF THIS FORM BY APPLICANT IS STRICTLY VOLUNTARY AND WILL BE FILED SAPARATELY FROM THE APPLICATION.

* Your Name: _____ * Today's Date: _____

Veterans

1. This employer acknowledges the Vietnam Era Veteran's Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA) and has a long history of respect and appreciation for the U.S. Armed Services. We support hiring our military as an honor to your career. We recognize the commitment and dedication it takes to serve your country and value the leadership skills and sense of purpose the military has instilled in you.

- a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- a person who was discharged or released from active duty because of a service-connected disability.

A **"recently separated veteran"** means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An **"active duty wartime or campaign badge veteran"** means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An **"Armed forces service medal veteran"** means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985. Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

* 2. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. I belong to the following classifications of protected veterans: (Choose all that apply)

- | | |
|---|---|
| ☐ Disabled Veteran | ☐ I am a protected veteran, but I choose not to self-identify the classifications to which I belong. |
| ☐ Recently Separated Veteran | |
| ☐ Active Wartime or Campaign Badge Veteran | ☐ I am NOT a protected veteran. |
| ☐ Armed Forces Service Medal Veteran | ☐ I choose not to disclose. |

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

3. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.
4. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.
5. It is the policy of the organization to take affirmative action to employ and advance in employment, qualified veterans in compliance with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA) at all job levels. Such action applies to all employment practices, including, but not limited to, the following: hiring, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship and on-the-job training programs.

An Equal Opportunity Employer – Minority, Veterans, Disabled

Affirmative Action Self ID Survey

Applicants and employees are treated without regard to race, color, religion, sexual orientation, gender, national origin, citizenship status (unless required by a government contract), age, marital or veteran status, physical or mental disability, or any other legally protected status during every aspect of the employment process.

Solely to help us comply with affirmative action record keeping, reporting and other legal requirements, please complete the survey below. This information will not be used for hiring, placement, or other decisions related to the terms and conditions of employment. This document will be kept in a confidential file, separate from applicant and personnel files. When reported, data will not identify any specific individual.

YOUR COOPERATION IS VOLUNTARY INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION

Please complete the following information. Please print.

* Last Name: _____ * First Name: _____

* Date: _____ * Position Applied For: _____

* **Gender:** ☐ Male ☐ Female

*** Ethnicity:**

- ☐ Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ Black or African American (Not Hispanic or Latino) – A person having origins in any of the Black racial groups of Africa. Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ☐ Two or More Races (Not Hispanic or Latino) – persons who identify with more than one of the above five races.
- ☐ I respectfully decline completing the information being requested above _____ (initials)

WOTC Pre-Screening Notice (PSN)

* Applicant Name: _____

The XEC, LLC is participating in the Work Opportunity Tax Credit (WOTC) program. This program is designed by the federal government to help companies with federal incentives for hiring and retaining individuals from certain targeted groups into the workforce.

Your preliminary response to the IRS Form 8850 questions below will help determine if XEC, LLC qualifies for this program. Any information you provide will be kept confidential and will not negatively affect your job, wages, or taxes. Thank you in advance for your time and participation.

* In order to determine if XEC, LLC potentially qualifies for this program, please check the box, at your discretion, if any of the statements below apply to you.

☐ One or more of these statements apply.

- ☐ I received a conditional certification from the stake workforce agency (SWA) or a participating local agency for the work opportunity credit.
- ☐ Check here if any of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veteran Affairs.
 - I am at least age 18 but not age 40 or older and I am a member of a family that:
 - Received SNAP benefits (food stamps) for the past 6 months, or
 - Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
- ☐ I received supplement security income (SSI) benefits for any month ending during the past 60 days.
- ☐ I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- ☐ I am a veteran and was unemployed for a period or periods totaling at least 6 months during the past year.
- ☐ I am a veteran entitled to compensation for a service-connected disability and I was unemployed for a period or periods totaling at least 6 months during the past year.
- ☐ I am a member of a family that:
 - Received TANF payments for at least the past 18 months, or
 - Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ending during the past 2 years, or
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
- ☐ I have been unemployed at least 27 consecutive weeks and for all or part of that period I received unemployment compensation.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

Electronic Signature Agreement

I agree that by typing my name below into the signature box, I am signing this Agreement electronically. I agree my electronic signature is the legal equivalent of my manual signature on this Agreement.

* Signature of Applicant: _____ * Date: _____