

APPLICATION FOR EMPLOYMENT
Concote Corporation

Personal Information

Name: _____
(First) (Middle) (Last)

Address: _____
(Street)

_____ *(City) (State) (Zip Code)*

Phone: _____

Emergency Contact Name _____ Relationship _____

Emergency Contact Phone: _____

Over 18 years of Age? ____ Yes ____ No

Have you ever been convicted of a felony? _____

Position Applying For: _____

Special Qualifications: _____

What office or other machines have you operated?: _____

Education

Name of School/Branch of Military	City, State	Graduate? (Yes/No)
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Job Experience

Former Employer	City/State	Dates worked	Reason for Leaving	Phone #
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_____ to _____

_____ to _____

_____ to _____

1. **Identification Requirement:**

No later than the third (3rd) day of employment, the employee must provide all documentation required by Employee Eligibility Verification Form I-9 to Concote Corporation ("Concote") for verification purposes. If an employee fails to provide such documentation within three (3) days, Concote reserves the right to refuse to permit the employee to work or, alternatively to terminate the employee.

2. **Equal Opportunity Employer**

It is Concote's Policy to make all employment-related decisions on the basis of merit, qualification and competence. This policy will be applied without regard to any individual's sex, age, color, race, religion, national origin, disability or veteran status.

3. **Employment at will**

Texas is an at-will employment state. By signing this application, you acknowledge that if you are hired, your employment is not for any specific term and that you may be terminated, demoted or transferred to another part of the company at any time for any reason, with or without cause and with or without notice. Nothing in this application is intended to create a contract of employment or to alter the at-will status of your employment. The at-will status of your employment may not be amended, altered or modified in any way, except in writing signed by an officer of Concote. Employees may not rely on any practice, conduct, or verbal representation to the contrary.

4. **Substance Abuse**

Concote has implemented a drug screening policy. Applicants must consent to drug testing as a condition of employment. By submitting this application, you agree to undergo a drug screening as a condition of your employment, which shall be performed by a third-party medical clinic, and you further submit to Concote's drug screening process. Furthermore, you understand and agree that failure to submit to such testing or testing positive for any of the substances set forth in the Concote Policy Manual shall result in refusal to hire or, if you are hired, immediate termination.

5. **Attendance Policy**

Concote requires that its employees attend work each day pursuant to the work schedule furnished by their supervisor. Each employee shall arrive at work on time and shall not leave before the end of their shift, unless he or she obtains the approval of their supervisor.

If an employee is going to be **absent** from work, it is the employee's sole responsibility to contact his or her supervisor by the earlier of (i) thirty (30) minutes prior to the start of his or her shift or (ii) 8:00 a.m. the morning of the day that the employee is to be absent. If an employee is absent for more than one day, it is the employee's sole responsibility to contact his or her supervisor by the above-listed times **each day** he or she will be absent. If the employee's supervisor is not in, the employee must leave a message for their supervisor explaining why they are absent or tardy.

If an employee is going to be **tardy** for work, it is the employee's sole responsibility to contact his or her supervisor by the earlier of (i) thirty (30) minutes prior to the start of his or her shift or (ii) 8:00 a.m. the morning of the day that the employee will be tardy. If the employee's supervisor is not in, the employee must leave a message for their supervisor explaining why they are absent or tardy.

An absence shall be deemed an excused absence if the employee (i) has complied with the foregoing requirements and (ii) if requested by their supervisor, furnished a doctor's note regarding their illness or other documentation evidencing the reason for their absence to their supervisor on the day of the employee's return to work.

6. **Sexual Harassment**

Concote prohibits any and all forms of Sexual Harassment or harassing behavior in the workplace and/or at Company-sponsored functions. Concote has initiated a Harassment Grievance Procedure which is set forth in detail in the Policy Manual and on display in the break room. By signing this Policy Summary, all employees agree to follow and be bound by Concote's Harassment Grievance Procedure.

7. **Arbitration of Disputes**

Any dispute that may arise concerning any term of condition of employment or concerning the termination of employment,

including claims for breach of contract, discrimination or harassment and public policy violations will be exclusively subject to final and binding arbitration. No dispute is subject to trial by jury or by court. In the event that parties are unable to agree on the selection of an arbitrator, either party may apply to the court for designation and appointment of an arbitrator, pursuant to the provisions of the United States Arbitration Statute, 9 U. S. C. '5.

8. **Worker's Compensation**

Concote is a non-subscriber to workers compensation insurance coverage. However, Concote does have the equivalent to protect its employees. The employee has the following obligations in the event of an on-the-job injury.

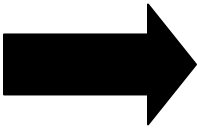
1. The employee must report the injury to his or her supervisor immediately;
2. The employee must send his or her supervisor a doctor's report; and
3. The employee must send his or her supervisor any updates from the treating physician.

By submitting this application and by signing in the space below, I acknowledge that I have read this application in its entirety and agree to all of the terms and conditions contained herein.

Employee Signature: _____

Employee Name (Printed): _____

Date: _____



AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq. the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit CONCOTE CORPORATION to obtain a consumer report and/or an investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, credit history, civil record, Workers' compensation (post-offer only) and drug testing.
3. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382,413 information concerning alcohol and controlled substances for the past 2 years;
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as CONCOTE CORP from any liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer reporting agency that compiled the report after I have provided proper identification.

I hereby authorize CONCOTE CORP to obtain and prepare an investigative consumer report as set forth above, as part of its investigation. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

Full Name:

(Please print clearly)

Signature

Date

NOTE: Save this document and email to hr@concote.com