

# Lone Wolf Resources, LLC

6507 Jester Blvd. Suite 510 L  
Austin, TX 78750 (512) 340-0085

## Application For Employment

As part of the application process, Lone Wolf Resources, LLC may conduct background checks on applicants.

**EQUAL OPPORTUNITY EMPLOYER.** It is our policy to abide by all federal and state laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status, or physical or mental disability, except where a reasonable, bona fide occupational qualification exists.

<b>PLEASE TYPE OR PRINT IN INK</b>			Today's Date
Name			Social Security Number
Address			How Long?
City	State	Zip Code	
Daytime Telephone	Home Telephone	E-Mail Address	
Position for which you are applying			
Check the following options you would consider <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		If part time, specify hours or days	What is your minimum salary requirement?
Do you have any commitments to another employer that might affect your employment with us?			Date available for work

### Education & Training

SCHOOL NAME	CITY AND STATE	DEGREE RECEIVED?	DEGREE/DIPLOMA MAJOR COURSE OF STUDY
<b>High School/GED</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>College</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Graduate School</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Trade School</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No

List any other education, training, special skills or certificates/licenses that you possess related to the job.

Professional License/ Certification #	Professional License/Certification Type	Issuing Agency	State Issued	Expiration Date

List any machines, equipment or software programs on which you are qualified and experienced in operating.

List any languages that you speak fluently:	Read/Write:
Do you have a valid driver's license in this state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Military Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what branch?	Rank at Separation?

### General Information

Can you, after employment, submit verification of your legal right to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 16 years old or over? If under 18, state age _____.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you previously employed by Lone Wolf Resources, LLC? If Yes, give dates	<input type="checkbox"/> Yes <input type="checkbox"/> No
List any relatives working for Lone Wolf Resources, LLC:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you perform the essential functions of the job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require any accommodation to perform the essential functions of the job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, explain:	

**Employment History**

**Applicant Name** \_\_\_\_\_

List all work experience beginning with the present or most recent job (use back of application, if necessary).

Name of Employer			Type of Business
Address	City	State	Zip Code
Dates Employed From (month/year) - To (month/year)			Title
Name and Title of Supervisor			Telephone Number
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Employment	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
Brief Description of Duties			
Reason for Leaving			Last Salary \$

Name of Employer			Type of Business
Address	City	State	Zip Code
Dates Employed From (month/year) - To (month/year)			Title
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May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Employment	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
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May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Employment	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
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Name of Employer			Type of Business
Address	City	State	Zip Code
Dates Employed From (month/year) - To (month/year)			Title
Name and Title of Supervisor			Telephone Number
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Employment	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
Brief Description of Duties			
Reason for Leaving			Last Salary \$

**Business References**

**Applicant Name** \_\_\_\_\_

(List three individuals, in addition to listed employment reference, known to you for at least three years.)

Name	Occupation/Association	Telephone Number
1.)		
2.)		
3.)		

**Additional Information**

**Applicant Name** \_\_\_\_\_

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books, published, activities, honors received, etc. (You may omit all information that would indicate age, sex, sexual orientation, race, religion, color, national origin, or disability.)

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**Criminal Record Information**

**All Applicants:** Exclude any records expunged, annulled, sealed, or discharged under first-offender law.

During the past ten years, have you ever been convicted of, plead guilty to, or received probation, deferred adjudication, or any other type of alternative method of supervision or correction for a misdemeanor, having a penalty of imprisonment or a fine of more than \$500, or a felony? (Answering Yes is not an automatic bar to employment but will be considered in relation to specific job requirements.)

If Yes, explain:  Yes  No

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Have you been convicted of a crime (exclude minor traffic cases; include DUIs)?  Yes  No

If Yes, explain:

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Are criminal charges now pending against you?  Yes  No

If Yes, describe:

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**Agreement (Please read the following statement carefully.)**

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give Lone Wolf Resources, LLC any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and Lone Wolf Resources, LLC, from liability for any damage that may result from furnishing same to Lone Wolf Resources, LLC.

I understand that Lone Wolf Resources, LLC has will provide workers' compensation insurance coverage for its employees. In the event of an injury in the workplace, I agree that my sole remedy lies in coverage under Lone Wolf Resources, LLC workers' compensation insurance policy.

If employed by Lone Wolf Resources, LLC, I agree to abide by the policies and procedures of Lone Wolf Resources, LLC which includes Lone Wolf Resources, LLC Anti-Harassment Policy. I further understand that my employment can be terminated with or without cause or notice, at any time, at the discretion of Lone Wolf Resources, LLC or myself. I further understand that no manager or representative of Lone Wolf Resources, LLC, other than the officers of Lone Wolf Resources, LLC has any authority to enter into any agreement, oral or written, on behalf of Lone Wolf Resources, LLC for a term of employment or to make any assurance or promise of continued employment.

I understand that Lone Wolf Resources, LLC may obtain a consumer and/or investigative consumer report for employment purposes that may include information regarding prior employment, work experience and performance, reasons for employment termination, and information as to character, general reputation, personal characteristics, or mode of living. The report may also contain a records check of driving, criminal, credit, education, degrees, professional licenses and/or certification records depending on the position. By signing this application, I authorize the procurement of a consumer and/or investigative consumer report by Lone Wolf Resources, LLC as part of the pre-employment background investigation and if hired, at any time during my employment.

I understand and agree that I may be required to take a drug and alcohol screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test result to Lone Wolf Resources, LLC for its use. I understand that any positive drug or alcohol result may preclude my employment.

Signature

Date

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