

Application for Employment with KBS Earthworks, INC.

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

| Name | | | Da | te | - |
|--|--------------------|----------------|-------------------|--------------------------|------|
| Last | First | MI | | | |
| Address | City_ | | State | Zip | - |
| Phone | Fax | | E-Mail | | _ |
| Driver's License # | cense #State lice | | ensed in | | - |
| Do you have the right to wo | rk in the U.S? | []Yes | [] No | | |
| On an unrestricted basis? | | []Yes | | | |
| Do you have a CDL license | (Class A or B) | | | | |
| How did you hear of this op Are there any hours, shifts o | | | | | |
| Shift(s) Preferred | Part-1 | ime | Full-1 | Гіте | |
| Position applied for | | | | | |
| Wage or salary desired \$ | | | When can | you start? | |
| Are you aware that working | in client based bu | siness may req | uire working extr | a hours or overtime some | days |
| meet deadlines? | | | [] Yes | [] No | |
| Are you willing and able to work these extra hours? | | [] Yes | [] No | | |
| Are you able to work in unfavorable weather conditions? | | | []Yes | [] No | |

| seven years) | | | | |
|---------------------------------|---|--|--|--|
| employer | | | | |
| | Phone number_ | | | |
| : Starting Salary: | | Starting Position: | | |
| te Left: Ending Salary: | | Ending Position: | | |
| visor: | | | | |
| | | | | |
| most recent / present employer? | [] Yes | [] No | | |
| | | | | |
| | | | | |
| Starting Salary: | Starting Po | Starting Position: | | |
| Ending Salary: | Ending Po | sition: | | |
| visor: | | | | |
| | | | | |
| | Starting Salary: Ending Salary: visor: Starting Salary: Ending Salary: Starting Salary: Ending Salary: visor: | employerPhone numberStarting Salary:Starting PoEnding Salary:Ending Po | | |

[] Yes

[] No

May we contact your prior employer?

| Prior employer | | | | | |
|--|------------------|---------------|-------|--|--|
| Address | | Phone number | | | |
| Date Started: | Starting Salary: | Starting Posi | tion: | | |
| Date Left: | _ Ending Salary: | Ending Posit | ion: | | |
| Name & Title of Supervisor: | | | | | |
| Reason for Leaving: | | | | | |
| May we contact your prior emp | oloyer? [] Y | es []No | | | |
| Prior employer | | | | | |
| Address | | | | | |
| | | | | | |
| Date Started: | Starting Salary: | Starting Posi | tion: | | |
| Date Left: | _ Ending Salary: | Ending Posit | ion: | | |
| Name & Title of Supervisor: | | | | | |
| Reason for Leaving: | | | | | |
| May we contact your prior emp | oloyer? [] Y | es []No | | | |
| | | | _ | | |
| In addition to your work history, what other types of experiences, skills, personality traits or qualifications do you posses that could help our company? | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Character References: (Non-relatives ONLY)

| Name / Relationship | Address | Telephone Number |
|---------------------|---------|------------------|
| 1. | | |
| | | |
| 2. | | |
| | | |
| 3. | | |
| | | |

Employee Statement

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge. I agree to have any of the statements I have made checked unless I have indicated to the contrary. I authorize the references listed above and other individuals who you may contact to provide any and all information concerning my previous employment and other pertinent information that they may have. Furthermore, I release all parties and persons from any and all liability for damages that may result from furnishing such truthful information as well as from the disclosure of such information by the employer or any of its employees, or representatives. I understand that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the practice, as amended from time to time at its discretion. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or my employer. I understand that no employee or representative of this business other than the owner has the authority to enter into agreement for employment for any specified period of time or to make any agreement contrary to that stated in this form. Furthermore, the owner of this business may not alter the at-will nature of the employment relationship unless he or she does so in writing.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States and the ability to pass a drug screening.

| Applicant's Signature | Date |
|-----------------------|------|