

BRYCON CORPORATION

Equal Opportunity Employer
134 Rio Rancho Blvd., NE - Rio Rancho, NM 87124
Personnel Manager - 892-6163

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)

PERSONAL INFORMATION

DATE: _____

NAME	SOCIAL SECURITY NUMBER			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">LAST</td> <td style="width: 33%; border-bottom: 1px solid black;">FIRST</td> <td style="width: 33%; border-bottom: 1px solid black;">MIDDLE</td> </tr> </table>	LAST	FIRST	MIDDLE	
LAST	FIRST	MIDDLE		

PRESENT ADDRESS

STREET	CITY	STATE	ZIP
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PHONE NO. _____ Are You 18 Years or Older? Yes No

Are you either a U.S. Citizen or Alien authorized to work in the U.S.? Yes No

EMPLOYMENT POSITION DESIRED	DATE YOU CAN START	SALARY DESIRED
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ARE YOU EMPLOYED NOW? If so may we inquire of your present employer?

IF NEEDED, WOULD YOU RELOCATE? Yes No

HAVE YOU EVER WORKED FOR BRYCON BEFORE? When?

REFERRED BY:

EDUCATION	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SPECIAL SUBJECTS STUDIED
High School				
College				
Trade or Business School				

FORMER EMPLOYERS (LIST BELOW MOST SIGNIFICANT EMPLOYERS FOR THE LAST 4 YEARS, STARTING WITH THE LAST FIRST).

It is to your advantage to complete this section as much as possible.

DATE MONTH & YEAR	COMPANY NAME, CITY, STATE AND PHONE #	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

(CONTINUED ON OTHER SIDE)

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes No

OTHER JOBS YOU HAVE HAD:

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, MARTIAL STATUS, COLOR, OR NATION OF ORIGIN OF ITS MEMBERS.

US MILITARY OR NAVAL SERVICE RANK PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

REFERENCES:

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN FOR AT LEAST 1 YEAR.

Table with 4 columns: NAME, ADDRESS OR PHONE #, BUSINESS, YEARS ACQUAINT. Rows 1, 2, 3.

I UNDERSTAND THAT DRUG/ALCOHOL SCREEN TESTING MAY BE A CONDITION OF HIRE AND WILL BE REQUIRED IMMEDIATELY AFTER ANY ON THE JOB ACCIDENT IN WHICH I AM INVOLVED.

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.

I UNDERSTAND AND AGREE THAT, IF HIRED, I AUTHORIZE BRYCON CORPORATION TO OBTAIN INFORMATION FROM VARIOUS CONSUMER REPORTING AGENCIES, REGARDING MY DRIVING RECORD. I UNDERSTAND THAT SUCH INFORMATION MAY BE REQUIRED TO COMPLY WITH THE HEALTH AND SAFETY PROGRAM OF BRYCON AND / OR REQUIREMENTS OF COMPANIES PROVIDING INSURANCE TO BRYCON.

DATE: APPLICANT SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: DATE:

REMARKS

HIRED: Yes No POSITION SUPERVISOR

SALARY WAGE DATE REPORTING FOR WORK

This application remains current for 60 days after which you must re-apply if still looking for employment

VOLUNTARY EEO IDENTIFICATION

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position for which an individual applies. The information requested on this sheet is for compliance with certain record keeping requirements. The Company believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected group status.

Name: _____ Date: _____

Position Applied for: _____

Social Security No. _____ Date of Birth: _____ Sex: Male Female

Race/Ethnic Data:

- White (Non Hispanic) Asian or Pacific Islander American Indian or Alaskan Native
 Black (Non Hispanic) Hispanic

Regulations issued by the U.S. Department of Labor with respect to disabled individuals, disabled veterans, and Vietnam Era veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary basis, on a confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

Disabled/Veteran Classification(s):

- Disabled Person Vietnam Era Veteran Special Disabled Veteran
(30% or more disability)

EXPLANATION OF THE CATEGORIES:

White (Non-Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Black (Non-Hispanic): Persons having origins in any of the black racial groups of Africa.

Asian or Pacific Islander: Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent including, for example, China, Japan, Korea, the Philippines, Samoa, India, and Pakistan.

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or south America or other Spanish culture or origin, regardless of race.

American Indian or Alaskan Native: Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

Disabled Individual: Federal regulations define a disabled person as one who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a history of such impairment, or (3) is regarded as having such an impairment.

Vietnam Era Veteran: Federal regulations define a veteran of the Vietnam Era as one who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975.

Special Disabled Veteran: Federal regulations define a special disabled veteran as one who (1) is entitled to compensation under laws administered by the Veterans' Administration for a disability rated 30% or more, or (2) was discharged or released from active duty because of a service-connected disability.

AN EQUAL OPPORTUNITY EMPLOYER

FROM: *BRYCON Corporation*
134 Rio Rancho Blvd, NE
Rio Rancho, NM 87174

Lynn Erickson
Human Resources Manager
Phone: (505) 892-6163
FAX: (505) 892-3371

EMPLOYMENT VERIFICATION AND FORMER EMPLOYER RELEASE FORM

The applicant named above is being considered for employment with our company. He/She has listed your organization as a former place of employment. In accordance with the release form signed by the applicant below, please provide the requested information and return the form to us by **fax at (505) 892-3371**.

Upon the request of any prospective employer who may be considering me for employment, I request and authorize my references and former employers, to provide any information concerning my employment with them and any evaluations, and assessments of my performance and behavior while under their employ.

In exchange for agreeing to make such an employment reference available, I hereby agree to release all references, entities, their officers, directors, supervisors, agents and employees from any and all causes of action, known or unknown, arising out of, or in any way connected to, the issuance of my employment; including, but not limited to claims of defamation, libel, slander, negligence, infliction of emotional distress, interference with contract or profession and any federal, state or local law or ordinance.

I, _____, authorize you to release all
(Applicant's Printed Name)
information regarding my employment with your company to the Brycon Corporation.

Applicant's Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Employment dates: From: _____ To: _____

Job Title: _____

Reason for Leaving: _____

Eligible for Rehire: Yes _____ No _____ Conditional _____

Completed by (please print) _____

Signature: _____

Title: _____ Date: _____

Thank you for helping BRYCON Corporation complete this verification. The information you have provided on this form will be used for verification purposes only and is considered confidential. The information contained in this electronic transmission is intended for the use of the individual or entity to which it is addressed and may contain information that is confidential. If the reader of this message is not the intended recipient or the employee or agent responsible to deliver the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us at BRYCON Corporation immediately by telephone and return the message to us at the above address via the U.S. Postal Service. Please refer any questions the Human Resources Manager @ (505) 891-7391.



Background and Criminal Records Check and
CONDITIONAL EMPLOYMENT AGREEMENT
(Disclosure and Authorization for Release of Information)

Background Check Disclosure:

As part of the employment process, Brycon Corporation hereby known as ("the company") may obtain a consumer report and/or Investigative Consumer Report. The Fair Credit Reporting Act as amended by the Consumer Reporting Reform Act of 1996 requires that we advise you that for the purposes of employment only, a Consumer Report may be made which may include information about your credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided in the event the Report contains information regarding your character, general reputation, personal characteristics, or mode of living.

Authorization and Release:

During the application process and at any times during any subsequent employment, I hereby authorize The Company and any of its agents, U.S. Information Search, United Screening Services Corporation, Wackenhut Corporation or Summit Investigations to conduct on behalf of The Company to procure a Consumer Report which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may include Criminal Records, Credit reports, Driving Records, Past Employment or Education Verifications, Workers Compensation Claims, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, or copy form.

I understand that any decision by BRYCON to grant me unescorted access to BRYCON facilities or client facilities is contingent on passing a background check into my criminal records history. I understand that my access privileges may be suspended while Brycon reviews the report with me. I, acknowledge that my employment with BRYCON is conditional pending the results of a background investigation and that if the background screen reveals adverse information I did not previously disclose, I may be denied work site access.

Name (Please Print) First Name _____ Middle Name _____ Last Name _____
Former Names(s) and Dates Used: _____
Current Address Since: _____
(MO/YR) (Street) (City) (State/Zip)
Social Security Number: _____ Date Of Birth: _____ Telephone Number: _____
ID or Drivers License Number/State: _____ ID or Drivers License Expiration Date: _____
Signature: _____ Date: _____

134 RIO RANCHO BLVD. • P.O. BOX 44365 • RIO RANCHO, NM 87174
(505) 892-6163 • FAX (505) 892-3371

Human Resources
Background Check Authorization
June 6, 2005