

SCORPIO



GOLD (US) CORPORATION



**MINERAL RIDGE
GOLD, LLC**

APPLICATION FOR EMPLOYMENT

Completed Application May Be Sent To:

Mineral Ridge Gold
Attn: Human Resources
1515 7th St.
Elko, NV 89801

Fax: 775-753-4780

E-mail: mrg.jobs@scorpiogold.com

LIST SPECIFIC JOB YOU ARE APPLYING FOR

Scorpio Gold (US) Corporation and Mineral Ridge Gold, LLC, are Equal Opportunity Employers

Scorpio Gold (US) Corporation and Mineral Ridge Gold, LLC provides an equal opportunity for all qualified persons and does not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, military status or any other legally protected status. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

All offers of employment will be contingent upon satisfactory completion of a drug and alcohol screen, a physical examination and a background check. All applicants, if hired, will be required to provide documents needed to complete an Employment Eligibility Verification (Form I-9) Background checks may include but are not limited to: past employment, reference checks, criminal conviction records search, driver's license verification, educational background, professional license verification, and identity verification. A negative verification does not automatically bar employment.

Date:

First:

Print Last Name:

PLEASE PRINT Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

(Name) Last:		First:		Middle:	
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Street address:					
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City:		State:		Zip Code:	
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Telephone:		Cell Phone:		E-mail:	
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Are you 18 years of age or older? Yes No

If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Are you seeking: Full-time Part-time Temporary employment?

When could you start to work?

Have you ever applied here before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when?	<input type="text"/>
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Were you ever employed here?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when?	<input type="text"/>
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Do you have any relatives employed by Scorpio Gold or Mineral Ridge? Yes No

List Names:

Are you willing to work rotating shifts? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you willing to work weekends? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Have you ever been convicted of any law violation (except a minor traffic violation)? Yes No
(A "yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will be considered.)

If yes, give details:

Do you have a valid Driver's License? Yes No

Have you had your Driver's License suspended or revoked in the last 3 years? Yes No

If yes, give details:

EDUCATION

LIST NAME AND ADDRESS OF SCHOOLS

Number of Years Completed

Diploma/Degree/Certificate

High School or GED:

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College or University:

Number of Years Completed

Diploma/Degree/Certificate

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Subjects studied:

Vocation or Technical:

Number of Years Completed

Diploma/Degree/Certificate

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Subjects studied:

SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying?

List professional, trade, business, or civic activities and offices held. (Exclude labor organizations and memberships which may reveal race, color, religion, national origin, sex, age, disability, or other protected status.)

List languages spoken fluently (if relevant)

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all period of time, **including military service** and any period of unemployment. Please attach additional sheet of paper if there is not enough room. If self-employed, give name of firm and supply business references. **Please provide month and year.**

Present or Last employer:				Supervisor:			
Address:				Employed: From (mo/yr)		To (mo/yr)	
City		State		ZIP		Pay: Start \$	Final \$
Telephone:			Reason for leaving:				
Title:							
Duties							

If presently employed, may we contact your employer? Yes No

Name of employer				Supervisor			
Address:				Employed: From (mo/yr)		To (mo/yr)	
City		State		ZIP		Pay: Start \$	Final \$
Telephone:			Reason for leaving:				
Title:							
Duties							

Name of employer				Supervisor			
Address:				Employed: From (mo/yr)		To (mo/yr)	
City		State		ZIP		Pay: Start \$	Final \$
Telephone:			Reason for leaving:				
Title:							
Duties							

Name of employer				Supervisor			
Address:				Employed: From (mo/yr)		To (mo/yr)	
City		State		ZIP		Pay: Start \$	Final \$
Telephone:			Reason for leaving:				
Title:							
Duties							

Have you ever been terminated or asked to resign from any prior employment? Yes No

REFERENCES
GIVE THREE REFERENCES, NOT RELATIVES OR FORMER EMPLOYERS

NAME	ADDRESS	TELEPHONE

Have you worked or attended school under any other names? Yes No If yes, please provide names:

AFFIDAVIT

Please Read Each Statement Carefully Before Signing

I certify that all information provided in this employment application is true and complete. I understand that any omissions, false or misleading information in this application, during any interview or during the Company physical may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request investigative background inquiries. These inquiries may include information as to my character, reputation, personal characteristics, and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency or other organization performing these inquiries so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employers (except as previously noted), past employers, and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment, I may be required to undergo a job-related medical evaluation. I understand and agree, if a medical evaluation is required, that employment is conditional upon the results of this evaluation. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I will be required to successfully pass a drug screening (including alcohol) examination. I hereby consent to a pre- and/or post- employment drug screening as a condition of employment.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice.

I have read, understood, and by my signature consent to these statements.

Signature:		Date:	
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