

EMPLOYMENT APPLICATION / CAREER HISTORY FORM

We welcome your application for employment at Thiel Resources. As Thiel People, we are proud of each other and of our work. Throughout our history, we have maintained very high standards for hiring. We hire only people who clearly demonstrate a strong commitment to:

- Safety (for yourself and others).
- Consistently meeting customer expectations (earning and keeping customer respect).
- Absolute integrity (highest standards of business and professional conduct).
- Teamwork (valuing the contributions of others while helping them to succeed).
- Continuous improvement in how work gets done (all areas of business activity).
- Commitment to lifelong learning (improving an individual's ability to contribute).
- Taking action to produce positive results.
- Self-direction (using sound independent judgement).
- Being a good corporate citizen (by contributing to society through the workplace).

Photo

 Date: _____
(dd-mm-yyyy)

Instructions for Applicants

1. Complete all sections even if a resume is included. (Incomplete applications may not be considered).
2. Enter your information in the appropriate data fields.
3. Print and sign the application (Section IX).

I. PERSONAL INFORMATION

Name (Last, Middle, First): _____

Home Address: _____

ID nr.: _____ Telephone - Home: _____ Work: _____

E-mail: _____ Mobile nr.: _____

Place of Birth: _____ Date of Birth: _____

 Sex: Female Male Marital Status: Single Married Divorced/Widowed

 Nationality: _____ Do you have kids: No Yes How many: _____

II. EMPLOYMENT INTERESTS

Position applied for: _____ Earnings expected AWG: _____

Date available to start work: _____

 Type of position looking for: Full Time Internship - Begin date: _____ End date: _____

III. PROFESSIONAL SKILLS

Job related professional skills: _____

Job related language(s) which you speak, read & write: _____

Other skills: _____

IV. EDUCATION

a. Name and Location of Schools	Year completed	Major	Average grades *
Grade School			
High School I			
High School II			
High School III			
College I			
College II			
Technical			
b. Other seminars or courses:			
c. Scholarships, honors or rewards received:			
d. Extracurricular activities:			

V. REFERENCES

Would you be willing to arrange conferences calls with supervisors/managers you have had in the last ten years, as a last step before a final job offer? Yes No

List people we may contact who are qualified to evaluate your skills and/or work performance (add former or current supervisors/managers). Do not include relatives.

	<u>Name Company</u>	<u>Telephone</u>	<u>Performance Rating *</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____
E.	_____	_____	_____

* How will the person rate your performance? Please write your answer as 5=excellent, 4=very good, 3=good, 2=fair, 1=poor.

VI. BUSINESS EXPERIENCE: (Please start with your present and most recent position.) REMINDER: DO NOT COMBINE JOBS - FILL OUT A COMPLETE SECTION OF THIS FORM FOR EVERY JOB TITLE CHANGED.

A	Company	Job title			Salary at start AWG	Date employed from
	Name of immediate supervisor	Supervisor's telephone			Final Salary AWG	Date employed to
	What is your best guess as to how this supervisor would rate your overall performance?	Excellent <input type="checkbox"/>	Very Good <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
	Job Duties					
	What do (did) you like most about your job?					
	What do (did) you like least enjoy?					
	If you are leaving or have left the company, please indicate your motivation to leave.					
			100% Mine <input type="checkbox"/>	Mutual <input type="checkbox"/>	100% Company's <input type="checkbox"/>	

B	Company		Job title		Salary at start AWG	Date employed from		
	Name of immediate supervisor		Supervisor's telephone		Final Salary AWG	Date employed to		
	What is your best guess as to how this supervisor would rate your overall performance?		Excellent <input type="checkbox"/>	Very Good <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	
	Job Duties							
	What do (did) you like most about your job?							
	What do (did) you like least enjoy?							
	If you are leaving or have left the company, please indicate your motivation to leave.		100% Mine <input type="checkbox"/>	Mutual <input type="checkbox"/>	100% Company's <input type="checkbox"/>			
C	Company		Job title		Salary at start AWG	Date employed from		
	Name of supervisor		Supervisor's telephone		Final Salary AWG	Date employed to		
	What is your best guess as to how this supervisor would rate your overall performance?		Excellent <input type="checkbox"/>	Very Good <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	
	Job Duties							
	What do (did) you like most about your job?							
	What do (did) you like least enjoy?							
	If you are leaving or have left the company, please indicate your motivation to leave.		100% Mine <input type="checkbox"/>	Mutual <input type="checkbox"/>	100% Company's <input type="checkbox"/>			
D	Company		Job title		Salary at start AWG	Date employed from		
	Name of supervisor		Supervisor's telephone		Final Salary AWG	Date employed to		
	Job Duties							
	Performance Rating (excellent, very good, good, fair, poor)				Reason for leaving (100% mine, mutual, 100% company's)			
E	Company		Job title		Salary at start AWG	Date employed from		
	Name of supervisor		Supervisor's telephone		Final Salary AWG	Date employed to		
	Job Duties							
	Performance Rating (excellent, very good, good, fair, poor)				Reason for leaving (100% mine, mutual, 100% company's)			
F	Company		Job title		Salary at start AWG	Date employed from		
	Name of supervisor		Supervisor's telephone		Final Salary AWG	Date employed to		
	Job Duties							
	Performance Rating (excellent, very good, good, fair, poor)				Reason for leaving (100% mine, mutual, 100% company's)			

Have you ever been terminated from a job? Yes No If Yes, please explain:

VII. DRIVING HISTORY*

Please fill the information below if you are applying for a position that requires vehicle driving or heavy equipment operation.

Driver's License: No Yes Type: A B C D E Expiration date: _____

Have you ever had your driver's license suspended? No Yes

If yes, what date, for what period and reason why? _____

Describe any vehicular accidents you were involved in as driver: _____

* You are required to fill this information in if you are applying for a position that involves vehicle driving or heavy equipment operation

VIII. SUPPLEMENTAL PROFESSIONAL INFORMATION:

(Please add additional sheets if necessary)

a. What job responsibilities did you like least? _____

b. What three job accomplishments are you proudest of? _____

c. What are your long-term career goals and what are you doing to prepare yourself to achieve them?

d. What are your weak points? _____

e. What are your areas for improvement? _____

f. Please describe the perfect 'next' job for you: _____

IX. Rating by Bosses

If you were asked to arrange calls with bosses you've had in the past 10 years, what is your best guess as to how they would rate you on the following, please circle your answer (Rate => 5=excellent | 4=very good | 3=good | 2=fair | 1=poor):

Independent	<input type="checkbox"/>	5	<input type="checkbox"/>	4	<input type="checkbox"/>	3	<input type="checkbox"/>	2	<input type="checkbox"/>	1
Resourcefulness	<input type="checkbox"/>	5	<input type="checkbox"/>	4	<input type="checkbox"/>	3	<input type="checkbox"/>	2	<input type="checkbox"/>	1
Energy	<input type="checkbox"/>	5	<input type="checkbox"/>	4	<input type="checkbox"/>	3	<input type="checkbox"/>	2	<input type="checkbox"/>	1
Integrity	<input type="checkbox"/>	5	<input type="checkbox"/>	4	<input type="checkbox"/>	3	<input type="checkbox"/>	2	<input type="checkbox"/>	1
Leadership	<input type="checkbox"/>	5	<input type="checkbox"/>	4	<input type="checkbox"/>	3	<input type="checkbox"/>	2	<input type="checkbox"/>	1
Decision Making	<input type="checkbox"/>	5	<input type="checkbox"/>	4	<input type="checkbox"/>	3	<input type="checkbox"/>	2	<input type="checkbox"/>	1

X. General Information

- a. Have you visited a doctor in the last three months? Yes No
- b. Do you have family working for us? Yes No
If yes, provide us with person's name: _____
- c. If you have a working permit, please note which type: _____ Valid till: _____

Thiel Resources N.V. is a drug and alcohol free company. We are affiliated to a program that tests our employees if they are not under the influence of any kind of illegal substance and alcohol. If the test results turns out to be positive, this will be considered a reason for immediate dismissal ("dringende reden voor ontslag").

- I will consent to an alcohol and/or drug test I refuse to consent to an alcohol and/or drug test
- I hereby give consent to release the test results to authorized Company representatives. Yes No

XI. Additional Information

Please make sure to deliver along with this Employment Application / Career History Form the following documents:

- Copy of valid Driver's License (Rijbewijs)
- Copy of Grade School Diploma (Basis School)
- Copy of High School Diploma(s) with grades (cijferlijst)
- Copy of College Diploma(s) with grades (cijferlijst)
- Copy of valid Passpor and valid ID
- Copy of last pay slip
- Copy of valid work permit (if applicable)
- Letter of Good Conduct (Bewijs van goedgedrag)

A medical exam and/or a drug test may be part of the selection process.

XII. Certification

I certify that the answers given in this Employment Application / Career History Form are true, accurate and complete to the best of my knowledge. I authorize investigation into all statements I have made on this form as may be necessary for reaching an employment decision. I understand that I may be asked to arrange reference calls with managers or supervisors I have worked for.

In the event I am employed, I understand that any false or misleading information I knowingly provided in my employment form or interview(s) will be cause for refuse to hire or for immediate dismissal for employment at any time during the period of my employment. I understand also that if employed, I am required to abide by all rules and regulations of the employer and any special agreements reached between the employer and me.

Signature _____ Date _____

Please deliver the Employment Application / Career History Form with copy of documents requested:

1. Hand delivery - Thiel Resources NV, J.G. Emanstraat 118-A, P.O. Box 614, Oranjestad, Aruba
or
2. Via e-mail - hr@thielcorp.aw (EA/CH Form + scanned copy of documents)

For more information or questions on the Employment Application / Career History Form, please call the Human Resources Department at (297) 588-1122