

ICAHN ENTERPRISES

NEW SEABURY RESOURCE MANAGEMENT, INC.

An Equal Opportunity Employer
EMPLOYMENT APPLICATION
GENERAL INFORMATION

Date:	Referred By:	Company Applying for: <input type="checkbox"/> Icahn & Co. <input type="checkbox"/> Personnel Co. <input type="checkbox"/> Old BRC <input type="checkbox"/> Icahn Charter School <input type="checkbox"/> Bayswater Development <input type="checkbox"/> Myelin <input type="checkbox"/> Icahn Enterprises <input type="checkbox"/> Icahn House/Children's Rescue <input type="checkbox"/> New Seabury <input type="checkbox"/> Grand Harbor <input type="checkbox"/> Oak Harbor		
Last Name:	First Name:	Middle Initial:	Telephone:	Cell Phone:
Social Security No.:	Home Address (Number & Street)		City, State & Zip Code	
E-Mail Address:	Do you have the legal right to live & work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you at least 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, state age:	
Do you have/plan to maintain other employment while working for Icahn Associates Corp? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any relatives or co-habitants employed with Icahn Associates Corp? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list their name(s), position, property & relationship.			

JOB POSITION INFORMATION

Position Desired:	Experience: Years Months	Salary Desired:	Mark Shift(s) <u>Able</u> To Work: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Grave <input type="checkbox"/> Any
Secondary Position Desired:	Experience: Years Months	Salary Desired:	Mark Shift(s) <u>Able</u> To Work: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Grave <input type="checkbox"/> Any
Date Available for Work:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Any	State days or times you can work:	

EMPLOYMENT HISTORY

ALL APPLICANTS MUST PROVIDE EMPLOYMENT HISTORY FOR THE PAST 10 YEARS (PLEASE LIST THE MOST RECENT EMPLOYER FIRST). YOU MUST ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT. USE ADDITIONAL SHEET IF NECESSARY.

May we contact your present employer: Yes No

Last or Present Employer	Address	City	State	Zip	Salary	From	To
Supervisor's Name	Reason For Leaving	<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Laid-Off			Job Held		
	Explain	Phone:					
<i>Last or Present Employer</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Salary</i>	<i>From</i>	<i>To</i>
<i>Supervisor's Name</i>	<i>Reason For Leaving</i>	<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Laid-Off			<i>Job Held</i>		
	<i>Explain</i>	<i>Phone:</i>					
Last or Present Employer	Address	City	State	Zip	Salary	From	To
Supervisor's Name	Reason For Leaving	<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Laid-Off			Job Held		
	Explain	Phone:					
<i>Last or Present Employer</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Salary</i>	<i>From</i>	<i>To</i>
<i>Supervisor's Name</i>	<i>Reason For Leaving</i>	<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Laid-Off			<i>Job Held</i>		
	<i>Explain</i>	<i>Phone:</i>					
Last or Present Employer	Address	City	State	Zip	Salary	From	To
Supervisor's Name	Reason For Leaving	<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Laid-Off			Job Held		
	Explain	Phone:					

EDUCATION

Name & Address of High School, College/University, or Trade School Attended	No. of Yrs. Attended	# of Credits	Graduated? Yes/No	Degree/Certification Received	Major Subject

Have you ever worked or attended school under another name that we need to know to verify your records? Yes No
 If yes, Name: _____

SPECIAL TRAINING

Describe any special skills that you have attained.
Describe any training programs you have attended.

MILITARY SERVICE

Armed Services Branch:	Date Entered:	Date Discharged:	Rank at Discharge:	Job Specialty (MOS):
------------------------	---------------	------------------	--------------------	----------------------

REFERENCES

PLEASE PROVIDE NAME, CONTACT INFORMATION, AND TYPE OF REFERENCE FOR EACH	
1. _____	<input type="checkbox"/> Professional <input type="checkbox"/> Personal
2. _____	<input type="checkbox"/> Professional <input type="checkbox"/> Personal
3. _____	<input type="checkbox"/> Professional <input type="checkbox"/> Personal

Notice to applicants as required by the Fair Credit Reporting Act

As part of our employment process a routine inquiry may be made with respect to an applicant's credit status, character, general reputation, personal characteristics, and mode of living. In appropriate circumstances, additional information regarding this subject will be provided to you during the application process.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND ACKNOWLEDGE WITH YOUR SIGNATURE

I understand that the Company is relying upon all of the representations, both written and oral, which I have made or do make during the entire process of applying for employment with the Company. I acknowledge that the Company has the right to investigate any other information that the Company believes is relevant including, but not limited to, employment history, educational background, credit history, motor vehicle records (if job requires driving a vehicle) and criminal history. I hereby authorize, release and agree to hold the Company, its officer and agents harmless from any and all liability resulting in any way from such investigation and from any and all attorney's fees resulting from any legal action I may institute which is within the scope of this waiver. I also authorize my former employers, schools and personal references to provide any information they may have regarding me, whether or not it is in their records. I hereby release them and their company from all liability for divulging the same.

I understand that my filling out of this application does not indicate there is a current job opening and does not obligate the Company to hire me. Furthermore, I agree to submit proof of my age and my legal right to work before beginning employment with the Company.

I understand and agree that, unless my employment is subject to a written agreement, my employment is at will. I understand and agree that nothing in this form or in any other company document shall be deemed to create any contract of employment between me and the Company, and that my employment can be terminated at any time by myself or the Company for any or no cause. I understand and agree that any statements to the contrary, whether oral or written, are expressly disavowed and are not to be relied upon by me; I further understand that no representative of the Company other than the President of the company has any authority to enter into any agreement for employment for any specified period of time or take any agreement contrary to the foregoing.

I understand that if I make any false statements, misrepresentations or omissions in this application process I may be discharged at any time during my employment and I agree to hold this Company and persons named herein harmless in that event.

I understand that I may be required to pass a background check and/or a drug screen prior to an offer of employment.

Applicant's Signature: _____	Date: _____
-------------------------------------	--------------------

All applicants will receive consideration for employment without regard to age, sex, race, color, religion, veteran status, national origin, sexual orientation, or disability.